This presentation provides updated infant health statistics for prosperity region 2 & 3 in the State of Michigan.

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

Data source: Michigan resident live birth files (12/12/2018) and infant mortality files (01/23/2019), Division for Vital Records and Health Statistics, MDHHS

Revised: June 2019
The next several slides contain updated infant mortality rate statistics for prosperity regions 2 & 3 in the State of Michigan.
Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate 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 within prosperity regions 2 & 3 from 2010 through 2017. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. The infant mortality rate in prosperity region 2 & 3 has fluctuated quite a bit over the last eight years, but appears to be on a downward trend since 2014 in prosperity region 2. In 2017, the infant mortality rate was 6.8 infant deaths per 1,000 live births for the State of Michigan, 4.9 infant deaths per 1,000 live births within prosperity region 2, and 7.7 infant deaths per 1,000 live births within prosperity region 3.
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average infant mortality rates by census tract within prosperity regions 2 & 3 for 2013-2017. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births.

Light green: no live births;
Grey: no infant deaths;
Yellow: below the mean of rates in Michigan (0.1 - 6.8 deaths per 1,000 live births);
Light blue: between the mean and mean + one standard deviation of rates in Michigan (6.9 – 15.0 deaths per 1,000 live births);
Dark blue: above the mean + one standard deviation of rates in Michigan (15.1 – 142.9 deaths 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 average infant mortality rates by maternal race/ethnicity within prosperity regions 2 & 3 for 2013-2017. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. For 2013-2017, the infant mortality rate for White non-Hispanic women was 5.4 infant deaths per 1,000 live births within prosperity region 2 and 5.2 infant deaths per 1,000 live births within prosperity region 3. These statistics are comparable to the overall state rates for White non-Hispanic women.
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average infant mortality rates by maternal age within prosperity regions 2 & 3 for 2013-2017. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. For 2013-2017, the infant mortality rate for prosperity region 2 was 10.8 deaths per 1,000 live births among women aged less than 20 years, 4.5 deaths per 1,000 live births among women aged between 20 and 29 years, and 5.7 deaths per 1,000 live births among women aged over 30 years. For 2013-2017, the infant mortality rate for prosperity region 3 was 6.1 deaths per 1,000 live births among women aged between 20 and 29 years, and 5.0 deaths per 1,000 live births among women aged over 30 years. These statistics are comparable to the overall state rates by maternal age.
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average infant mortality rates by maternal education within prosperity regions 2 & 3 for 2013-2017. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. For 2013-2017, the infant mortality rate for prosperity region 2 was 7.9 deaths per 1,000 live births among women who did not finish high school, 6.2 deaths per 1,000 live births among women who just finished high school, and 4.4 deaths per 1,000 live births among women who had more than a high school education. For 2013-2017, the infant mortality rate for prosperity region 3 was 8.8 deaths per 1,000 live births among women who did not finish high school, 4.4 deaths per 1,000 live births among women who just finished high school, and 5.5 deaths per 1,000 live births among women who had more than a high school education. These statistics are comparable to the overall state rates by maternal education.
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average infant mortality rates by payment source within prosperity regions 2 & 3 for 2013-2017. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. Payment source refers to source of expected payment that pregnant women use at delivery. For 2013-2017, the infant mortality rate for prosperity region 2 was higher among women using Medicaid as the payment source (6.2 deaths per 1,000 live births) than women using private insurance (4.8 deaths per 1,000 live births). For 2013-2017, the infant mortality rate for prosperity region 3 was higher among women using Medicaid as the payment source (6.8 deaths per 1,000 live births) than women using private insurance (3.7 deaths per 1,000 live births). This comparison looks very similar when looking at the overall state rates by payment source.
The next several slides contain updated low birthweight statistics for prosperity regions 2 & 3 in 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 prosperity regions 2 & 3 from 2010 through 2017. 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 in prosperity region 2 & 3 has remained relatively stable over the last eight years. In 2017, the incidence of low birthweight was 8.8% for the State of Michigan, 7.0% in prosperity region 2, and 8.4% in prosperity region 3.
Low Birthweight by Census Tract, Prosperity Region 2 & 3, 2013-2017

Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of low birthweight by census tract within prosperity regions 2 & 3 for 2013-2017. 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.

Light green: no live births;
Grey: no low birthweight births;
Yellow: below the mean of rates in Michigan (0.1% - 8.5%);
Light blue: between the mean and mean + one standard deviation of rates in Michigan (8.6% - 12.5%);
Dark blue: above the mean + one standard deviation of rates in Michigan (12.6% - 50.0%).

Data source: Michigan resident live birth files, Division for Vital Records and Health Statistics, MDHHS
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of low birthweight by maternal race/ethnicity within prosperity regions 2 & 3 for 2013-2017. 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. For 2013-2017, there were some differences in the incidence of low birthweight by maternal race and ethnicity, from a high of 10.8% for Black non-Hispanic women to a low of 6.5% for Hispanic women in prosperity region 2, and from a high of 15.2% for Black non-Hispanic women to a low of 6.9% for White non-Hispanic women in prosperity region 3. When looking at the State of Michigan as a whole, White non-Hispanic women report the lowest incidence of low birthweight at 7.0% and Black non-Hispanic women report the highest incidence at 14.3%.
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of low birthweight by maternal age within prosperity regions 2 & 3 for 2013-2017. 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. For 2013-2017, the incidence of low birthweight for prosperity region 2 was 6.9% among women aged less than 20 years, 6.4% among women aged between 20 and 29 years, and 7.1% among women aged over 30 years. For 2013-2017, the incidence of low birthweight for prosperity region 3 was 6.9% among women aged less than 20 years, 7.1% among women aged between 20 and 29 years, and 7.3% among women aged over 30 years. These statistics are slightly lower than the comparable overall state rates by maternal age.
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of low birthweight by maternal education within prosperity regions 2 & 3 for 2013-2017. 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. For 2013-2017, the incidence of low birthweight for prosperity region 2 was 8.6% among women who did not finish high school, 8.2% among women who just finished high school, and 5.8% among women who had more than a high school education. For 2013-2017, the incidence of low birthweight for prosperity region 3 was 10.0% among women who did not finish high school, 8.0% among women who just finished high school, and 5.9% among women who had more than a high school education. These statistics are slightly lower than the comparable overall state rates by maternal education.
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of low birthweight by payment source within prosperity regions 2 & 3 for 2013-2017. 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. Payment source refers to source of expected payment that pregnant women use at delivery. For 2013-2017, the incidence of low birthweight was higher among women using Medicaid as the payment source (7.9% within prosperity region 2 and 8.5% within prosperity region 3) than women using private insurance (5.8% within prosperity region 2 and 7.9% within prosperity region 3). This comparison looks very similar when looking at the overall state rates by payment source.
Very Low Birthweight (VLBW),
Prosperity Region 2 & 3, 2010-2017

The next several slides contain updated very low birthweight statistics for prosperity regions 2 & 3 in the State of Michigan.
Very Low Birthweight, Prosperity Region 2 & 3, 2010-2017

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 prosperity regions 2 & 3 from 2010 through 2017. 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 in prosperity region 2 & 3 has fluctuated quite a bit over the last eight years. In 2017, the incidence of very low birthweight was 1.5% for the State of Michigan, 0.8% in prosperity region 2, and 1.4% in prosperity region 3.
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of very low birthweight by maternal race/ethnicity within prosperity regions 2 & 3 for 2013-2017. 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. For 2013-2017, the incidence of very low birthweight for White non-Hispanic women was 1.1% for the State of Michigan, 1.0% in prosperity region 2, and 1.1% in prosperity region 3.

Very low birthweight is defined as number of births with baby birthweight <1,500 grams per 100 live births.
* Data not sufficient (0<N<6) for other racial groups in prosperity region 2 & 3.
Very Low Birthweight by Maternal Age, Prosperity Region 2 & 3, 2013-2017

Average Percent Very Low Birthweight (Birthweight < 1,500 Grams) by Maternal Age, Prosperity Region 2 & 3, 2013-2017

Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of very low birthweight by maternal age within prosperity regions 2 & 3 for 2013-2017. 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. For 2013-2017, the incidence of very low birthweight for prosperity region 2 was 1.5% among women aged less than 20 years, 0.8% among women aged between 20 and 29 years, and 1.1% among women aged over 30 years. For 2013-2017, the incidence of very low birthweight for prosperity region 3 was 1.6% among women aged less than 20 years, 1.1% among women aged between 20 and 29 years, and 1.1% among women aged over 30 years. These statistics are slightly lower than the comparable overall state rates by maternal age.
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of very low birthweight by maternal education within prosperity regions 2 & 3 for 2013-2017. 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. For 2013-2017, the incidence of very low birthweight for prosperity region 2 was 1.3% among women who did not finish high school, 1.0% among women who just finished high school, and 0.9% among women who had more than a high school education. For 2013-2017, the incidence of very low birthweight for prosperity region 3 was 1.1% among women who did not finish high school, 1.3% among women who just finished high school, and 1.0% among women who had more than a high school education. These statistics are slightly lower than the comparable overall state rates by maternal education.
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of very low birthweight by payment source within prosperity regions 2 & 3 for 2013-2017. 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. Payment source refers to source of expected payment that pregnant women use at delivery. For 2013-2017, the incidence of very low birthweight for prosperity region 3 was higher among women using Medicaid as the payment source (1.4%) than women using private insurance (0.8%). This comparison looks very similar when looking at the overall state rates by payment source. For 2013-2017, the incidence of very low birthweight within prosperity region 2 was the same for women using Medicaid as the payment source and for those using private insurance (1.0%).
The next several slides contain updated preterm birth statistics for prosperity regions 2 & 3 in the State of Michigan.
Preterm Birth, Prosperity Region 2 & 3, 2010-2017

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 prosperity regions 2 & 3 from 2010 through 2017. 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 in prosperity region 2 & 3 has remained relatively stable over the last eight years. In 2017, the incidence of preterm birth was 10.2% for the State of Michigan, 7.8% in prosperity region 2, and 8.2% in prosperity region 3.

Data source: Michigan resident live birth files, Division for Vital Records and Health Statistics, MDHHS
Preterm Birth by Census Tract, Prosperity Region 2 & 3, 2013-2017

Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of preterm birth by census tract within prosperity regions 2 & 3 for 2013-2017. 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.

Light green: no live births;
Grey: no preterm births;
Yellow: below the mean of rates in Michigan (0.1% - 9.9%);
Light blue: between the mean and mean + one standard deviation of rates in Michigan (10.0% - 13.7%);
Dark blue: above the mean + one standard deviation of rates in Michigan (13.8% - 42.9%).
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of preterm birth by maternal race/ethnicity within prosperity regions 2 & 3 for 2013-2017. 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. For 2013-2017, there were some differences in the incidence of preterm birth by maternal race and ethnicity, from a high of 12.0% for Black non-Hispanic women to a low of 6.9% for Asian/Pacific Islander women in prosperity region 2, and from a high of 11.9% for Hispanic women to a low of 8.3% for White non-Hispanic women in prosperity region 3. When looking at the State of Michigan as a whole, Asian/Pacific Islander women report the lowest incidence of preterm birth at 8.6% and Black non-Hispanic women report the highest incidence at 14.2%.
Preterm Birth by Maternal Age, Prosperity Region 2 & 3, 2013-2017

Average Percent Preterm Birth (Estimated Gestational Age <37 Weeks) by Maternal Age, Prosperity Region 2 & 3, 2013-2017

<table>
<thead>
<tr>
<th>Maternal Age</th>
<th>Region 2</th>
<th>Region 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 20 years</td>
<td>10.8%</td>
<td>9.4%</td>
</tr>
<tr>
<td>20-29 years</td>
<td>7.8%</td>
<td>7.8%</td>
</tr>
<tr>
<td>≥30 years</td>
<td>9.5%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>

Preterm birth rate is defined as number of births delivered before 37 completed weeks of gestation per 100 live births. Gestational age is based on the obstetric estimate of gestation.

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

Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of preterm birth by maternal age within prosperity regions 2 & 3 for 2013-2017. 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. For 2013-2017, the incidence of preterm birth for prosperity region 2 was 10.8% among women aged less than 20 years, 7.8% among women aged between 20 and 29 years, and 9.5% among women aged over 30 years. For 2013-2017, the incidence of preterm birth for prosperity region 3 was 9.4% among women aged less than 20 years, 7.8% among women aged between 20 and 29 years, and 9.9% among women aged over 30 years. These statistics were slightly lower than the comparable overall state rates by maternal age.

Average Percent Preterm Birth (Estimated Gestational Age <37 Weeks) by Maternal Education, Prosperity Region 2 & 3, 2013-2017

<table>
<thead>
<tr>
<th>Maternal Education</th>
<th>Prosperity Region 2</th>
<th>Prosperity Region 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; High School</td>
<td>10.8%</td>
<td>9.4%</td>
</tr>
<tr>
<td>High School</td>
<td>9.2%</td>
<td>9.3%</td>
</tr>
<tr>
<td>&gt; High School</td>
<td>8.0%</td>
<td>7.9%</td>
</tr>
</tbody>
</table>

Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of preterm birth by maternal education within prosperity regions 2 & 3 for 2013-2017. 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. For 2013-2017, the incidence of preterm birth for prosperity region 2 was 10.8% among women who did not finish high school, 9.4% among women who just finished high school, and 8.0% among women who had more than a high school education. For 2013-2017, the incidence of preterm birth for prosperity region 3 was 9.2% among women who did not finish high school, 9.3% among women who just finished high school, and 7.9% among women who had more than a high school education. These statistics were slightly lower than the comparable overall state rates by maternal education.

Data source: Michigan resident live birth files, Division for Vital Records and Health Statistics, MDHHS
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of preterm birth by payment source within prosperity regions 2 & 3 for 2013-2017. 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. Payment source refers to source of expected payment that pregnant women use at delivery. For 2013-2017, the incidence of preterm birth for prosperity region 3 was higher among women using Medicaid as the payment source (9.3%) than women using private insurance (7.4%). The difference between the Medicaid and private insurance preterm birth percentages is a bit larger in prosperity region 3 when compared to the State of Michigan as a whole.
The next two slides contain updated birth defects prevalence statistics for the State of Michigan as a whole and by Michigan prosperity region.
Throughout birth years 2006-2016, the birth defect prevalence rate for Michigan remained fairly steady at an average rate of 1,189.3 cases per 10,000 live births.

In 2016, the race-specific birth defect prevalence rate for cases born to black mothers (1,485.9 cases per 10,000 live births) exceeded that of cases born to white mothers (925.6 cases per 10,000 live births) and cases born to mothers of "other" races (1,372.5 cases per 10,000 live births).

In 2016, the ethnicity-specific birth defect prevalence rate for cases born to a mother reporting Arabic ethnicity (1,330.1 cases per 10,000 live births) was greater than that of cases born to a mother reporting Hispanic ethnicity (1,016.9 cases per 10,000 live births).

This slide uses data from the Michigan Birth Defects Registry and details the Michigan birth defects prevalence by maternal race and ethnicity for 2016.

The average overall birth defects prevalence for the State of Michigan during 2006-2016 was 1,189.3 cases per 10,000 live births.

In 2016, the birth defects prevalence among black mothers (at 1,485.9 cases per 10,000 live births) and mothers of other races (at 1,372.5 cases per 10,000 live births) was higher than that of white mothers (at 925.6 cases per 10,000 live births).

Furthermore, the birth defects prevalence among Hispanic (at 1,016.9 cases per 10,000 live births) and Arabic mothers (at 1,330.1 cases per 10,000 live births) was greater than that of white mothers (at 925.6 cases per 10,000 live births) in 2016.

Disclaimer: Data are based on passive reporting which means it is the responsibility of facilities to identify and report cases of birth defects. Not all facilities report cases as completely and timely as would be the ideal. Children diagnosed and treated in facilities in other states may be missed which will significantly affect the completeness of data for Michigan’s borderer counties.
Birth Defect Prevalence Rates by Prosperity Region: MBDR, 2016

- The State of Michigan is broken up into 10 prosperity regions based on shared geographic, demographic, and economic interests.
- In 2016, Michigan prosperity regions 6 and 10 reported the highest birth defect prevalence rates of 1,248.1 and 1,411.7 cases per 10,000 live births.
- The prosperity region that reported the lowest birth defect prevalence was region 1 with a prevalence rate of 405.6 cases per 10,000 live births.

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Cases</th>
<th>Prevalence Rate (per 10,000 live births)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>113</td>
<td>405.6</td>
</tr>
<tr>
<td>2</td>
<td>224</td>
<td>753.4</td>
</tr>
<tr>
<td>3</td>
<td>103</td>
<td>600.6</td>
</tr>
<tr>
<td>4</td>
<td>1,339</td>
<td>679.4</td>
</tr>
<tr>
<td>5</td>
<td>321</td>
<td>550.7</td>
</tr>
<tr>
<td>6</td>
<td>1,150</td>
<td>1,248.1</td>
</tr>
<tr>
<td>7</td>
<td>414</td>
<td>772.8</td>
</tr>
<tr>
<td>8</td>
<td>620</td>
<td>679.0</td>
</tr>
<tr>
<td>9</td>
<td>1,258</td>
<td>1,201.4</td>
</tr>
<tr>
<td>10</td>
<td>6,520</td>
<td>1,411.7</td>
</tr>
<tr>
<td>Total</td>
<td>12,062</td>
<td>1,063.9</td>
</tr>
</tbody>
</table>

*All statewide data reported from the Michigan Birth Defects Registry (MBDR) for birth year 2016****
**Total reported birth defect cases for all diagnostic groupings per 10,000 live births.
****Prevalence rates are based on births to mothers living in Michigan at the time of delivery.
*****Regions approximate prosperity region boundaries

This slide uses data from the Michigan Birth Defects Registry and details birth defects prevalence by prosperity region for 2016.

In 2016, regions 10, 6, and 9 reported the highest birth defects prevalence (at 1,411.7, 1,248.1, and 1,201.4 cases per 10,000 live births, respectively), while regions 1, 5, and 3 reported the lowest birth defects prevalence (at 405.6, 550.7, and 600.6 cases per 10,000 live births, respectively).

Disclaimer: Data are based on passive reporting which means it is the responsibility of facilities to identify and report cases of birth defects. Not all facilities report cases as completely and timely as would be the ideal. Children diagnosed and treated in facilities in other states may be missed which will significantly affect the completeness of data for Michigan’s boarder counties.
The next couple slides contain updated treated neonatal abstinence syndrome statistics for prosperity regions 2 & 3 in the State of Michigan.
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics and Michigan Inpatient Database, this slide shows the incidence of treated neonatal abstinence syndrome (NAS) within prosperity regions 2 & 3 from 2010 through 2016. Infants with treated NAS were identified by any diagnosis of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis code of 779.5 (drug withdrawal syndrome in newborn) through September 2015 or Tenth Revision (ICD-10-CM) diagnosis code of P96.1 (neonatal withdrawal symptoms from maternal use of drugs of addiction) starting in October 2015. In 2016, the incidence of neonatal abstinence syndrome in prosperity region 2 was 1,143.6 per 100,000 live births. In 2016, the incidence of neonatal abstinence syndrome in prosperity region 3 was 1,691.0 per 100,000 live births.

Data source: Michigan Resident Inpatient Files created by the Division for Vital Records and Health Statistics, Bureau of Epidemiology and Population Health, Michigan Department of Health and Human Services, using data from the Michigan Inpatient Database obtained with permission from the Michigan Health and Hospital Association Service Corporation (MHASC).
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of treated neonatal abstinence syndrome (NAS) by maternal race/ethnicity within prosperity regions 2 & 3 for 2012-2016. Infants with treated NAS were identified by any diagnosis of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis code of 779.5 (drug withdrawal syndrome in newborn) through September 2015 or Tenth Revision (ICD-10-CM) diagnosis code of P96.1 (neonatal withdrawal symptoms from maternal use of drugs of addiction) starting in October 2015. In 2012-2016, the incidence of treated neonatal abstinence syndrome in prosperity region 2 was 954.9 per 100,000 live births for White non-Hispanic women. In 2012-2016, the incidence of treated neonatal abstinence syndrome in prosperity region 3 was 1,652.7 per 100,000 live births for White non-Hispanic women.

Data source: Michigan Resident Inpatient Files created by the Division for Vital Records and Health Statistics, Bureau of Epidemiology and Population Health, Michigan Department of Health and Human Services, using data from the Michigan Inpatient Database obtained with permission from the Michigan Health and Hospital Association Service Corporation (MHASC).
The next few slides contain sleep-related infant death statistics for prosperity regions 2 and 3 in the State of Michigan.
Overview of Sleep-Related Infant Deaths in Michigan

- Between 2010 and 2017 there were 1,136 sleep-related infant deaths in Michigan.
- The three-year moving average for sleep-related infant death decreased in 2015-2017, after having experienced an increasing trend for several years.
- Between 2010 and 2016 White infants experience lower sleep-related infant death rates as compared to Black infants and American Indian/Alaska Native infants.
- Between 2010 and 2016 Hispanic and non-Hispanic infants experienced similar sleep-related infant death rates.

Using data from the Michigan Public Health Institute (MPHI), Sudden Unexpected Infant Death (SUID) case registry this slide shows the three-year moving average and sleep-related infant death rate by race/ethnic demographic breakdown. A death is included in the MPHI SUID registry if it occurs in Michigan resident infants less than 1 year of age suddenly and unexpectedly. Sleep-related infant deaths include sudden infant death syndrome (SIDS), undetermined/sudden unexplained infant death (SUID), suffocation/positional asphyxia and other causes where the sleep-environment likely contributed to the death.

The three-year moving average increased from 12.2 per 10,000 live births in 2010 to 2012 to 13.3 per 10,000 live births in 2014 to 2016, before decreasing to 12.5 per 10,000 live births in 2015 to 2017.

Data from 2010 to 2016 show Black infants experience the highest rate of Sudden Unexpected Infant Death (27.6 per 10,000 live births) followed by American Indian and Alaska Native Infants (18.8 per 10,000 live births). White infants experience the lowest rate of Sudden Unexpected Infant Deaths at 9.5 per 10,000 live births.
Between 2010 and 2015 there were 15 sleep-related infant deaths in Region Two. The resulting sleep-related infant death rate in Region Two was 8.5 per 10,000 live births. During this same time period, the Region Two sleep-related infant death rate was lower than the Michigan sleep-related death rate (12.8 per 10,000 live births).

Using data from the Michigan Public Health Institute, Sudden Unexpected Infant Death (SUID) case registry, this slide shows the sleep-related infant death rate in prosperity region two as compared to other prosperity regions in the state. Between 2010 and 2015, prosperity region two experienced a lower SUID rate as compared to Michigan overall, with a rate of 8.5 per 10,000 live births as compared to 12.8 per 10,000 live births for Michigan.
Between 2010 and 2015 there were 20 sleep-related infant deaths in Region Three.

The resulting sleep-related infant death rate in Region Three was 19.3 per 10,000 live births.

During this same time period, the Region Three sleep-related infant death rate was higher than the Michigan sleep-related death rate (12.8 per 10,000 live births).

Using data from the Michigan Public Health Institute, Sudden Unexpected Infant Death (SUID) case registry, this slide shows the sleep-related infant death rate in prosperity region three as compared to other prosperity regions in the state. Between 2010 and 2015, prosperity region three experienced a higher SUID rate as compared to Michigan overall, with a rate of 19.3 per 10,000 live births as compared to 12.8 per 10,000 live births for Michigan.
Severe Maternal Morbidity Rate
Prosperity Regions 2 & 3, 2017

The next couple slides contain maternal morbidity data for prosperity regions 2 and 3 in the State of Michigan.
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, Michigan Resident Inpatient files, this slide shows severe maternal morbidity per 10,000 delivery hospitalizations, broken down by race. Severe maternal morbidity includes unexpected outcomes of labor and delivery that result in significant short or long-term health consequences. When looking at prosperity region two severe maternal morbidity by race, Native American mothers experience the highest rate at 203.3 per 10,000 delivery hospitalizations compared to a rate of 166.8 per 10,000 delivery hospitalizations for prosperity region two overall.

Data source: Michigan Resident Inpatient Files created by the Division for Vital Records and Health Statistics, Bureau of Epidemiology and Population Health, Michigan Department of Health and Human Services, using data from the Michigan Inpatient Database obtained with permission from the Michigan Health and Hospital Association Service Corporation (MHASC).
Severe Maternal Morbidity, Prosperity Region 3, 2017*
(rate per 10,000 delivery hospitalizations)

![Severe Maternal Morbidity Rate, Prosperity Region 3, 2017](chart)

* Statistics for other races are suppressed due to insufficient sample sizes.

Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, Michigan Resident Inpatient files, this slide shows severe maternal morbidity per 10,000 delivery hospitalizations, broken down by race. Severe maternal morbidity includes unexpected outcomes of labor and delivery that result in significant short or long-term health consequences. When looking at prosperity region three severe maternal morbidity by race, Native American mothers experience the highest rate at 254.8 per 10,000 delivery hospitalizations compared to a rate of 163.7 per 10,000 delivery hospitalizations for prosperity region three overall.

Data source: Michigan Resident Inpatient Files created by the Division for Vital Records and Health Statistics, Bureau of Epidemiology and Population Health, Michigan Department of Health and Human Services, using data from the Michigan Inpatient Database obtained with permission from the Michigan Health and Hospital Association Service Corporation (MHASC).
The next slide contain maternal mortality data for prosperity regions 2 and 3 in the State of Michigan.
Maternal Mortality Rate, Prosperity Regions 2 & 3, 2011-2015
(rate per 100,000 live births)

- Maternal deaths include deaths that occur during pregnancy, at delivery or within one year of pregnancy.
- Total maternal mortality includes both pregnancy associated mortality (unrelated to the pregnancy) and pregnancy-related mortality (related to or aggravated by the pregnancy).
- In Regions Two and Three combined there were 11 maternal deaths between 2011 and 2015.
- The resulting maternal mortality rate equals 47.0 per 100,000 live births

Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics and the Michigan Department of Health and Human Services, Michigan Maternal Mortality Surveillance Program, this slide shows the maternal mortality rate in prosperity region four as compared to the rest of the prosperity regions in Michigan. Maternal mortality is classified as a death that occurs during pregnancy or within one year of pregnancy. Prosperity regions two and three combined experience a lower maternal mortality rate than Michigan overall at 47.0 per 100,000 live births as compared to 59.7 per 100,000 live births for Michigan.
The next few slides contain maternal depression data for prosperity regions 2 and 3 in the State of Michigan.
Using data from the Michigan Department of Health and Human Services Pregnancy Risk Assessment Monitoring System (MI PRAMS), the following slides show the prevalence of depression before and after pregnancy by maternal race/ethnicity. Numbers are reported as the proportion of mothers of live births reporting a certain condition. Birth years 2012-2015 are combined to provide more precision for subgroup estimates.

For the state as a whole: 8.9% of mothers report depression before pregnancy but no postpartum depression; 3.8% reported depression before pregnancy and postpartum depression; and 9.5% reported postpartum depression but no depression before pregnancy. The top two numbers in each bar added together are the proportion of women reporting postpartum depression. For the state as a whole, 9.5% + 3.8% = 13.3% of women report depression after pregnancy.

Notably - most women who report postpartum depression did not report depression before pregnancy. Most women who reported depression before pregnancy did not go on to report postpartum depression.

A small proportion of mothers reported depression both before and after pregnancy. There is variation by maternal race/ethnicity. Depression before pregnancy is relatively more common among NHW mothers than NHB mothers. Depression after pregnancy is relatively more common among mothers of NHB and Other race/ethnicity compared to NHW mothers.
Depression by time [before pregnancy only, after pregnancy only, both] is available for sub-state prosperity regions.

Postpartum depression (top two numbers per column) is relatively less common among mothers in prosperity region 9 and is more common among mothers in prosperity region 10. This difference in prosperity region 10 is being driven by significantly more postpartum depression in Wayne County (data not shown).

Due to small numbers in each region, few differences are statistically significant. The most important thing to take from this slide is that no region of the state is without maternal depression before and after pregnancy.
Looking at women reporting depression either before pregnancy and/or after pregnancy:

Between one quarter and one fifth of all Michigan mothers are affected by depression (22.2%).

By maternal race/ethnicity:
About one fifth of NHW mothers (20.8%) are affected by depression around the time of pregnancy.
About one quarter of NHB (25.6%) or other race/ethnicity (25.6%) mothers are affected by depression.

The most important thing to take from this slide is that a considerable proportion of mothers of all race/ethnicities are affected by depression either before pregnancy, after pregnancy, or at both times.
Looking at women reporting depression either before pregnancy and/or after pregnancy:

Between one quarter and one fifth of all Michigan mothers are affected by depression (22.2%).

Depression may be relatively more common among mothers of prosperity region 2, but the difference may be attributable to chance (p=0.0504). Depression was relatively less common among mothers of prosperity region 9 (p=0.0383) and prosperity region 10 (p=0.0051). The difference for prosperity region 10 is being driven by less overall depression among mothers of Oakland County (data not shown).

The most important thing to take from this slide is that a considerable proportion of mothers in all prosperity regions are affected by depression either before pregnancy, after pregnancy, or at both times.
Late Entry into Prenatal Care
Prosperity Regions 2 & 3, 2013-2017

The next couple slides contain updated late entry into prenatal care statistics for prosperity regions 2 & 3 in the State of Michigan.
Late Entry Into Prenatal Care,
Prosperity Region 2 & 3, 2013-2017

Average Percent Late Entry Into Prenatal Care by Maternal Race/Ethnicity, Michigan and Prosperity Region 2 & 3, 2013-2017

Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of late entry into prenatal care by maternal race/ethnicity within prosperity regions 2 & 3 and Michigan for 2013-2017. The incidence of late entry into prenatal care is calculated as percentage of the number of mothers who began their prenatal care in the third trimester (7th-9th month) among the number of all live births. For 2013-2017, there were some differences in the incidence of late entry into prenatal care by maternal race and ethnicity, from a high of 5.4% for Hispanic women to a low of 3.4% for White non-Hispanic women for the State of Michigan, from a high of 4.2% for Hispanic women to a low of 2.7% for White non-Hispanic women within prosperity region 2, and from a high of 13.0% for Black non-Hispanic women to a low of 3.7% for White non-Hispanic women within prosperity region 3.
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average incidence of late entry into prenatal care by census tract within prosperity regions 2 & 3 for 2013-2017. The incidence of late entry into prenatal care is calculated as percentage of the number of mothers who began their prenatal care in the third trimester (7th-9th month) among the number of all live births.

Light green: no live births;
Grey: no late entry into prenatal care;
Yellow: below the mean of rates in Michigan (0.1% - 4.0%);
Light blue: between the mean and mean + one standard deviation of rates in Michigan (4.1% - 6.7%);
Dark blue: above the mean + one standard deviation of rates in Michigan (6.8% - 33.3%).
Barriers to Prenatal Care, Michigan, 2016-2017

The next couple slides contain barriers to prenatal care statistics for the State of Michigan.
Barriers to PNC are from the 2016 and 2017 MI PRAMS survey. Responses are weighted to represent mothers of live births for those years.

About half (52.9%) of women who start prenatal care after the first trimester tell MI PRAMS that they were okay with the timing of when they started prenatal care. This may be one of the biggest obstacle to encouraging more women to start prenatal care early during pregnancy.

Among women who started PNC after the first trimester and wished that they had started sooner, we see that mom not knowing she was pregnant was the most common barrier to early PNC, followed by others on this graph.
Barriers to PNC are from the 2016 and 2017 MI PRAMS survey. Responses are weighted to represent mothers of live births for those years.

The graph on the left shows a few specific barriers to early PNC that were significantly more prevalent among NHB mothers than NHW mothers. Mother not knowing she was pregnant, having too many things going on, lack of transportation, and wanting to keep her pregnancy secret were more common for NHB mothers.

The graph on the right shows the total number of barriers cited by women who wished they had started PNC sooner. Most women (49.6%) have just one barrier that needed to be addressed to help them start PNC sooner. About a quarter have two barriers (23.1%) that would have helped them start PNC sooner.
Gestational Hypertension,
Prosperity Regions 2 & 3, 2013-2017

The next slide contain updated gestational hypertension statistics for prosperity regions 2 & 3 in 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 average incidence of gestational hypertension by maternal race/ethnicity within prosperity regions 2 & 3 for 2013-2017. The incidence of gestational hypertension is calculated as the number of women who had gestational hypertension divided by the number of live births multiplied by 100. For 2013-2017, there were some differences in the incidence of gestational hypertension by maternal race and ethnicity, from a high of 7.3% for American Indian women to a low of 3.9% for Asian/Pacific Islander women for the State of Michigan, from a high of 5.9% for Asian/Pacific Islander women to a low of 3.6% for American Indian women within prosperity region 2, and from a high of 9.7% for American Indian women to a low of 4.7% for White non-Hispanic women within prosperity region 3.
Gestational Diabetes,
Prosperity Regions 2 & 3, 2012-2015

The next slide contains information on gestational diabetes among mothers in prosperity regions 2 & 3 within the State of Michigan.
PRAMS asks two questions about diabetes—whether a mother had diabetes before pregnancy, and whether she developed gestational diabetes during her pregnancy. The numbers reported here are women who answered that they developed gestational diabetes during pregnancy—excluding a small number of women who had already answered that they also had diabetes before pregnancy.

Due to the smaller numbers of live births and PRAMS responders for the counties of Northern Michigan, prosperity regions 1, 2, and 3 are combined for this estimate. Gestational diabetes may be less common among the mothers of the three Northern Michigan prosperity regions (p=0.0002).

At the state level, GDB incidence increases with increasing maternal age group. GDB is also about twice as common among women with a family history (father, mother, sister, brother) of diabetes. GDB may be more common among mothers of non-Hispanic Asian/Pacific Island ancestry.
Breastfeeding Initiation and Duration, Prosperity Regions 2 & 3

The next couple slides contain breastfeeding initiation and duration data for prosperity regions 2 and 3 in the State of Michigan.
Breastfeeding Initiation and Duration, Region 2 v Rest of Michigan

Breastfeeding in Region 2 differs significantly from the remainder of the State for:
- Initiation
  - \( p = 0.0358 \)
- 2 Months
  - \( p = 0.0286 \)
- 3 Months
  - \( p = 0.0434 \)

* Relative Standard Error exceeds 30%; Interpret with Caution

Breastfeeding data calculated from the Michigan Department of Health and Human Services Pregnancy Risk Assessment Monitoring System (MI PRAMS). Numbers are reported as the proportion of mothers of live births reporting a certain condition. Birth years 2012-2015 are combined to provide more precision for subgroup estimates.

The proportion of prosperity region 2 mothers breastfeeding significantly exceeds the proportion from the rest of the state at initiation and at 2- and 3-months duration.
Breastfeeding data calculated from the Michigan Department of Health and Human Services Pregnancy Risk Assessment Monitoring System (MI PRAMS). Numbers are reported as the proportion of mothers of live births reporting a certain condition. Birth years 2012-2015 are combined to provide more precision for subgroup estimates.

Mothers of prosperity region 3 initiate breastfeeding at levels similar to mothers from the remainder of Michigan. There are also no differences in breastfeeding at 4, 8, and 12 weeks postpartum.
Using data from the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics, this slide shows the average percentage of mothers who didn’t plan to breastfeed by census tract within prosperity regions 2 & 3 for 2013-2017. This indicator is calculated as the percentage of mothers who did not plan to breastfeed their babies at delivery among all live births.

Light green: no live births;
Grey: 0.0% of mothers who didn’t plan to breastfeed;
Yellow: below the mean of rates in Michigan (0.1% - 18.5%);
Light blue: between the mean and mean + one standard deviation of rates in Michigan (18.6% - 30.2%);
Dark blue: above the mean + one standard deviation of rates in Michigan (30.3% - 100.0%).
Reasons Mothers Didn’t Initiate Breastfeeding, Michigan 2016-2017

The next couple slides contain information on reasons why Michigan mothers did not initiate breastfeeding.
The majority of Michigan mothers initiated breastfeeding in 2016 (84.0%) and 2017 (87.3%). Women who did not initiate breastfeeding were directed to select specific reasons (from among nine possible choices) that they did not breastfeed. The numbers reported here are the proportion of all mothers who did not initiate breastfeeding.

The two most commonly cited reasons that mothers did not initiate breastfeeding were—mom did not want to breastfeed, and mom did not like breastfeeding.
When comparing the reasons for not initiating breastfeeding among non-Hispanic white and non-Hispanic black mothers, there are few differences [two of nine possible reasons] that rise to the level of statistical significance. NHB mothers were significantly more likely than NHW mothers to cite not liking breastfeeding and trying breastfeeding but it was too hard.

The most prevalent reason overall (mom did not want to breastfeed) is also the top reason for both subgroups of mothers.