## Michigan Infant Health, 2015

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

Data source: Michigan Resident Live Birth Files, Infant Mortality Files and Fetal Death Files,
Division for Vital Records and Health Statistics, MDHHS

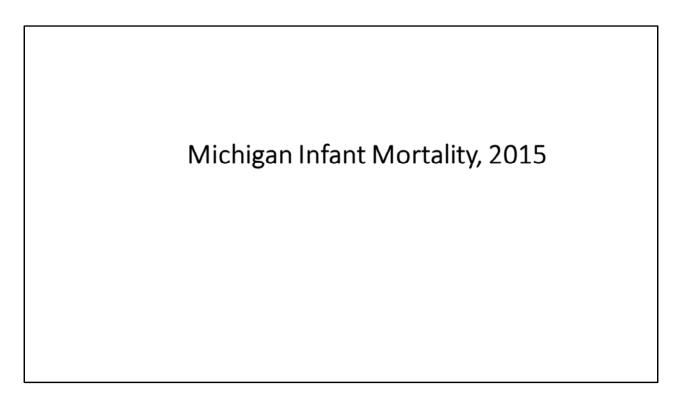
03/2017

This presentation provides updated 2015 infant health statistics for the State of Michigan.

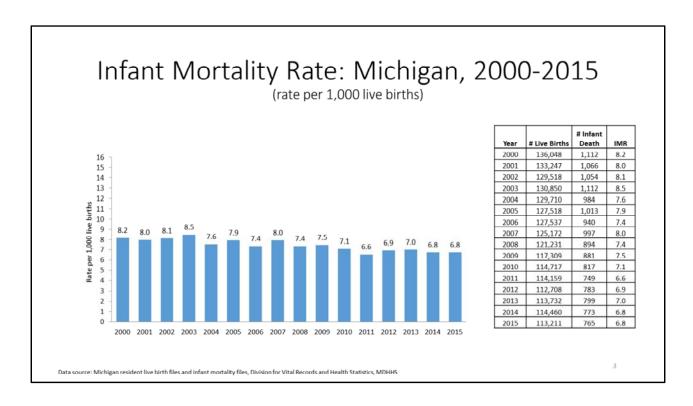
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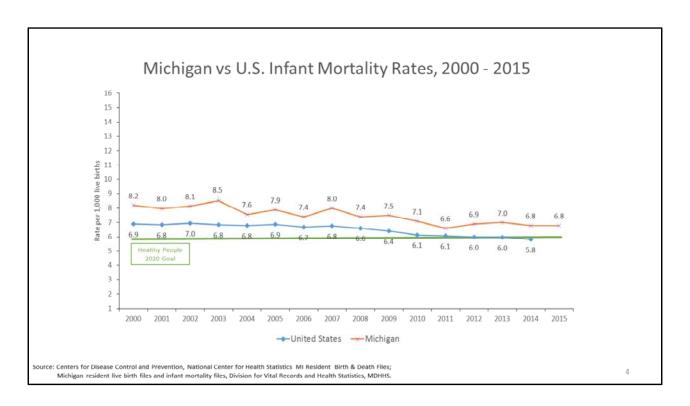
Revised: March 2017



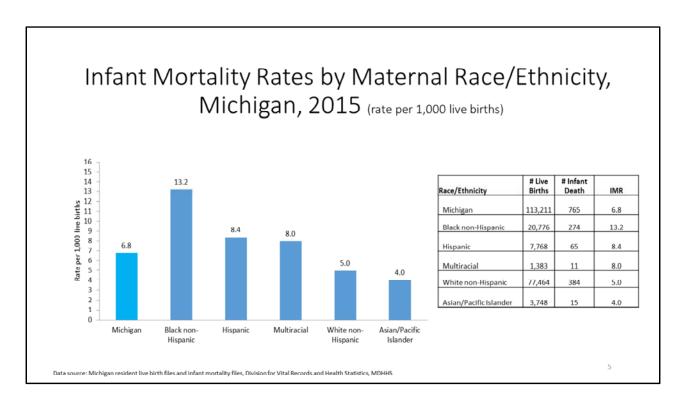
The next several slides contain updated infant mortality statistics for the State of Michigan



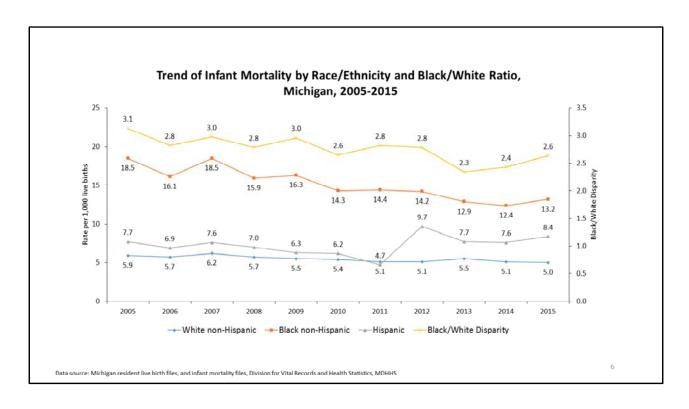
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the infant mortality rates within Michigan from 2000 through 2015. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2015, the infant mortality rate in Michigan was 6.8 infant deaths per 1,000 live births. Infant mortality within Michigan has been on a slow decline over the past decade.



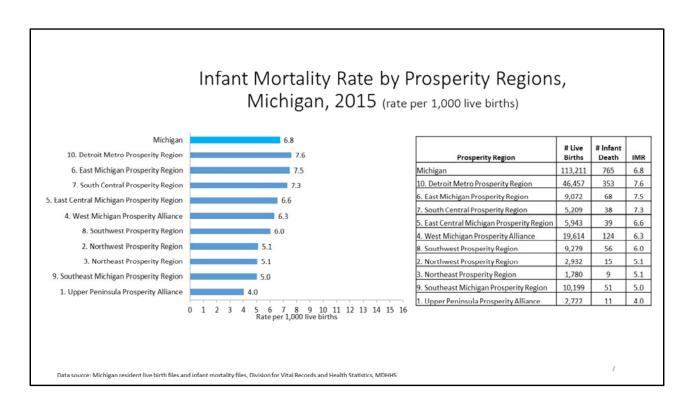
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the infant mortality rates within the United States and Michigan from 2000 through 2015. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2014, 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.



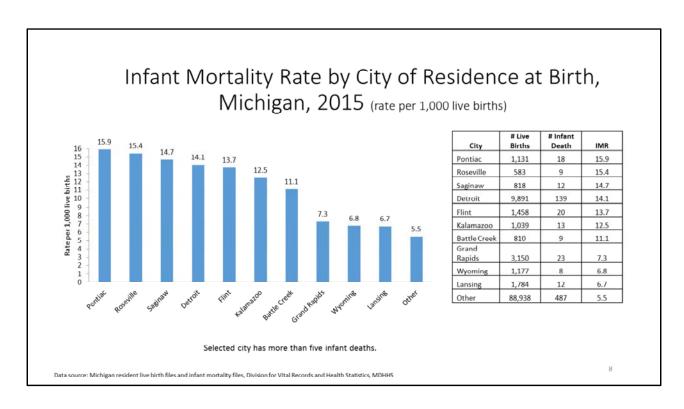
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the infant mortality rates by maternal race/ethnicity within Michigan for 2015. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2015, there was a threefold difference in infant mortality rates by maternal race and ethnicity, from a high of 13.2 for Black non-Hispanic women to a low of 4.0 for Asian/Pacific Islander women.



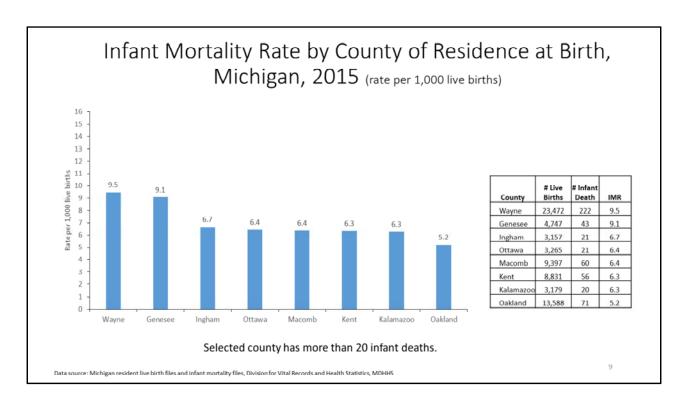
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the infant mortality rates by maternal race/ethnicity within Michigan from 2005 to 2015. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. 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 non-Hispanic Black/White ratio went down from 2005 to 2015, with the lowest (2.3) in 2013.



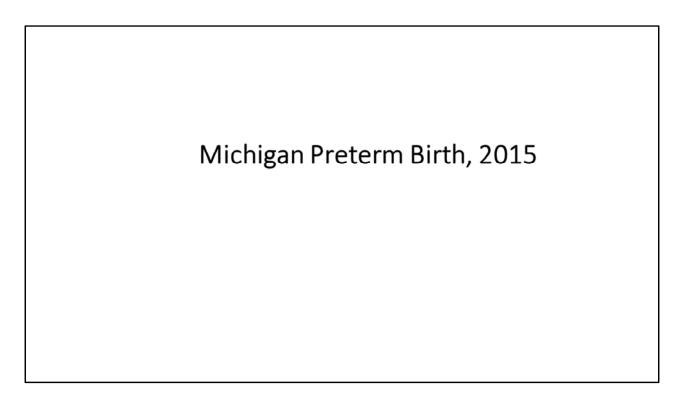
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the infant mortality rates by prosperity regions within Michigan in 2015. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2015, the infant mortality rate was the highest (7.6 per 1,000 live births) in the Detroit Metro prosperity region and was the lowest in the Upper Peninsula prosperity alliance (4.0 per 1,000 live births).



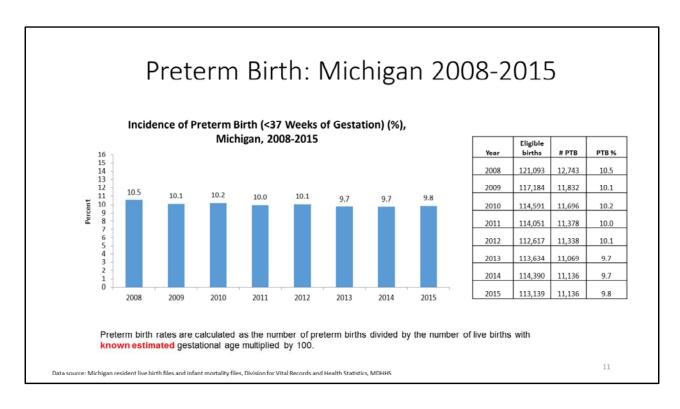
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the infant mortality rates by city of residence at birth within Michigan in 2015. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2015, the infant mortality rate was 14.1 per 1,000 live births in Detroit, 13.7 per 1,000 live births in Flint, 7.3 per 1,000 live births in Grand Rapids, and 6.7 per 1,000 live births in Lansing.



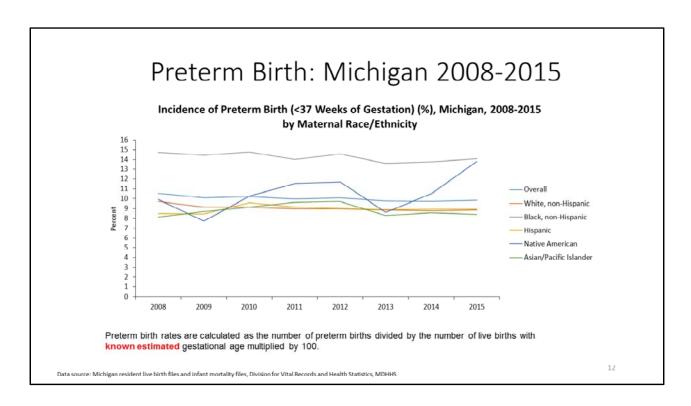
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the infant mortality rates by county of residence at birth within Michigan in 2015. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2015, the infant mortality rate was 9.5 per 1,000 live births in Wayne county, 9.1 per 1,000 live births in Genesee county, 6.7 per 1,000 live births in Ingham county, and 6.4 per 1,000 live births in Macomb county.



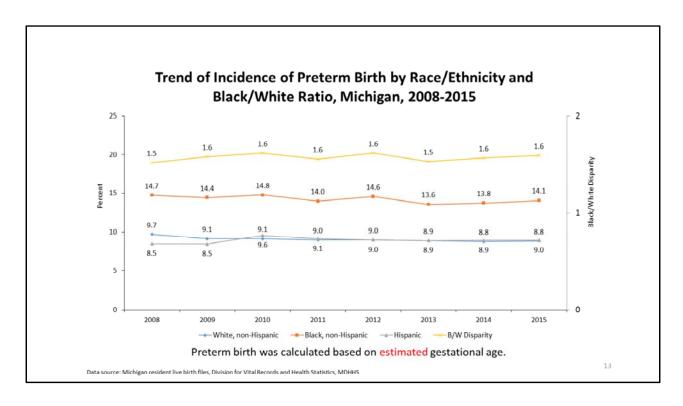
The next several slides contain updated preterm birth statistics for the State of Michigan



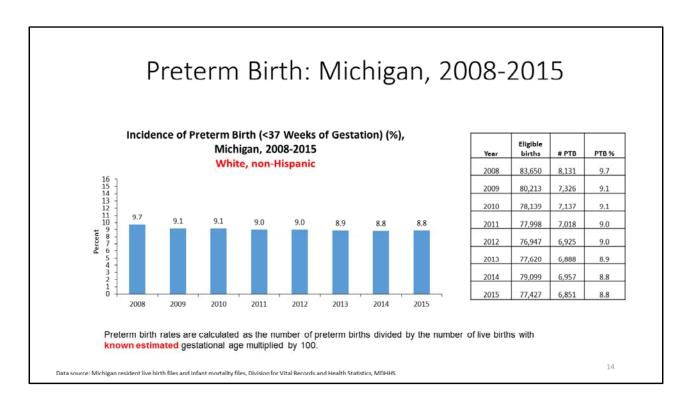
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of preterm birth within Michigan from 2008 through 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with **known estimated** gestational age multiplied by 100. In 2015, the incidence of preterm birth in Michigan was 9.8%. The incidence of preterm birth within Michigan has been on a slow decline from 2008 to 2015.



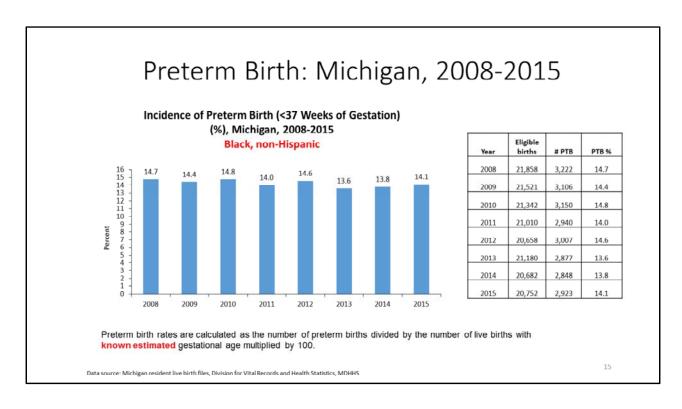
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of preterm birth by maternal race/ethnicity within Michigan from 2008 through 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with **known estimated** gestational age multiplied by 100. The incidence of preterm birth for White non-Hispanic, Black non-Hispanic, Hispanic, and Asian/Pacific Islander, respectively, has been on a slow decline from 2008 to 2015. Due to a small sample size, the incidence of preterm birth is not stable for Native American women from 2008 to 2015. Black non-Hispanic women have highest risk of delivering preterm when compared to other racial/ethnic groups.



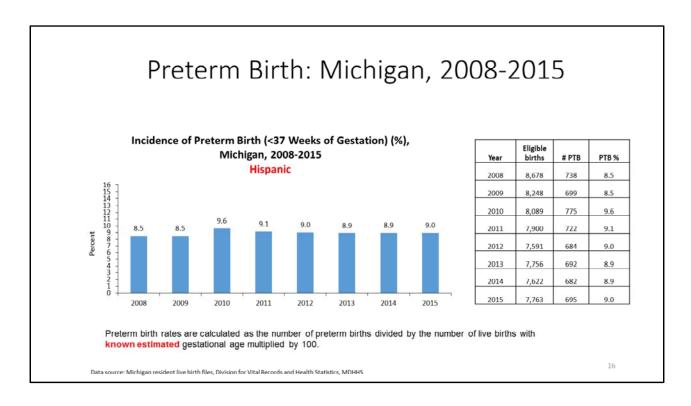
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of preterm birth by maternal race/ethnicity within Michigan from 2008 through 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with **known estimated** gestational age multiplied by 100. The ratio of Black non-Hispanic/White non-Hispanic disparity (currently at 1.6) has been very stable from 2008 to 2015.



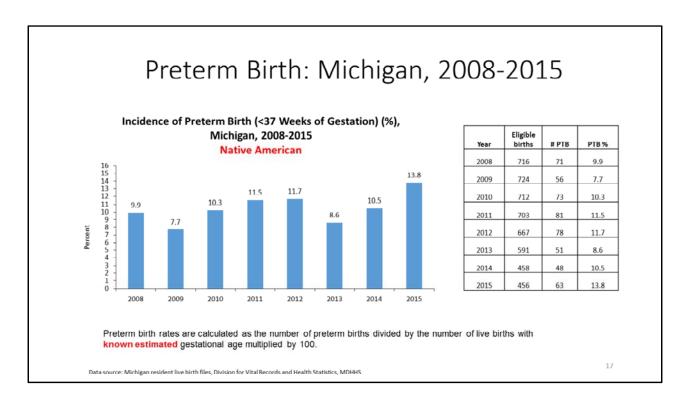
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of preterm birth among White non-Hispanic women within Michigan from 2008 through 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with known estimated gestational age multiplied by 100. Among White non-Hispanic women, the incidence of preterm birth has been on a slow decline from 2008 to 2015.



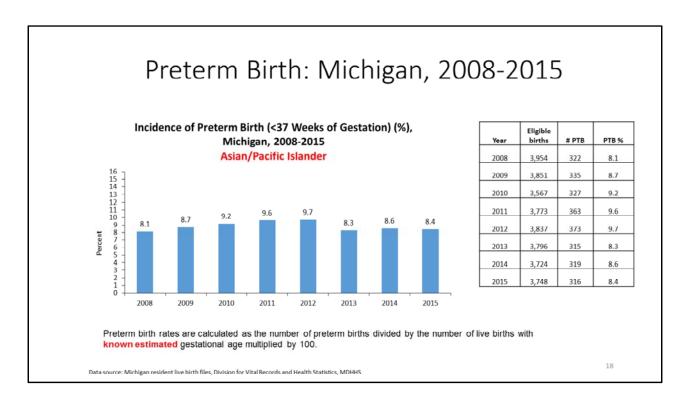
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of preterm birth among Black non-Hispanic women within Michigan from 2008 through 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with **known estimated** gestational age multiplied by 100. Among Black non-Hispanic women, the incidence of preterm birth was 14.7% in 2008, 14.8% in 2010, 14.6% in 2012, and 14.1% in 2015. In 2013, the incidence of preterm delivery among Black non-Hispanic women reached it's lowest level (13.6%).



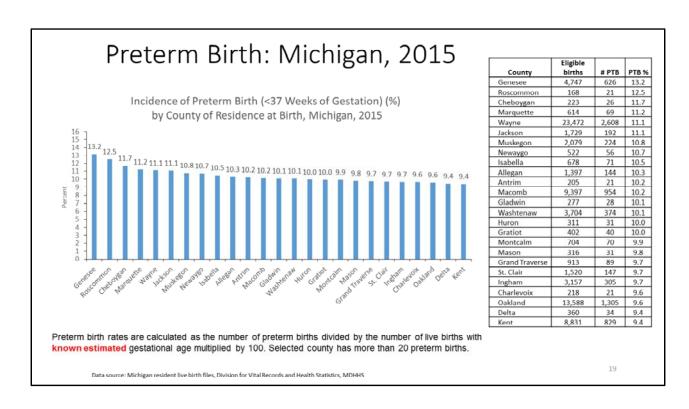
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of preterm birth among Hispanic women within Michigan from 2008 through 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with **known estimated** gestational age multiplied by 100. Among Hispanic women, the incidence of preterm birth has been on a slow decline from 2010 to 2015. The incidence of preterm birth among Hispanic women was 9.0% in 2015.



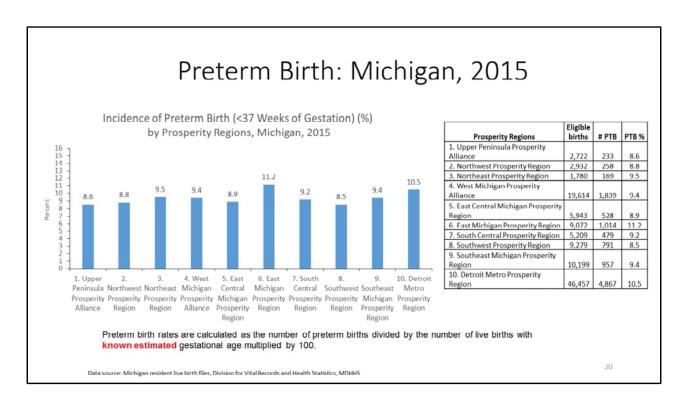
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of preterm birth among Native American women within Michigan from 2008 through 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with **known estimated** gestational age multiplied by 100. Due to small sample size, the incidence of preterm birth is not stable for Native American women from 2008 to 2015. The incidence of preterm birth among Native American women was 13.8% in 2015.



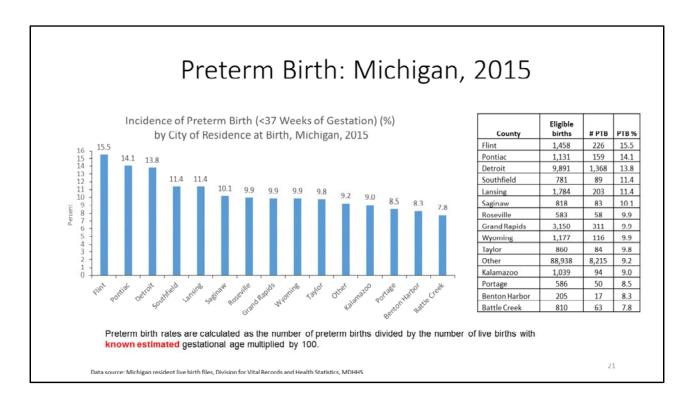
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of preterm birth among Asian/Pacific Islander women within Michigan from 2008 through 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with **known estimated** gestational age multiplied by 100. Among Asian/Pacific Islander women, the incidence of preterm birth increased from 2008 to 2012, however, it has been on a slow decline from 2014 to 2015.



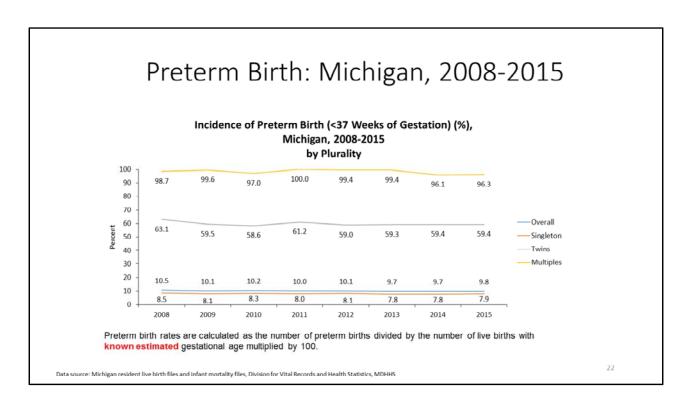
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of preterm birth by county of residence at birth within Michigan in 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with known estimated gestational age multiplied by 100. In 2015, the incidence of preterm birth is 13.2% in Genesee County, 11.1% in Wayne County, 10.1% in Washtenaw County, and 9.6% in Oakland County.



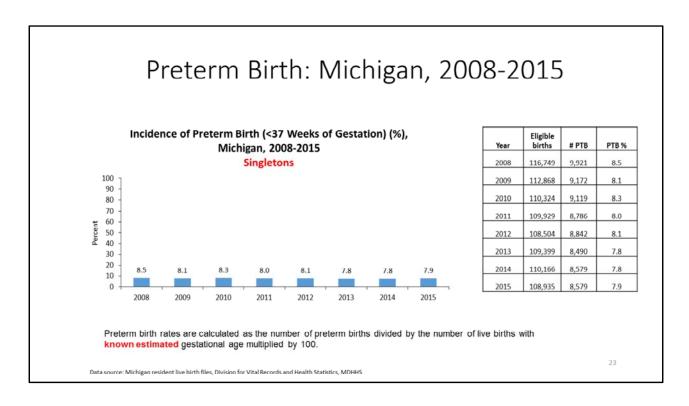
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of preterm birth by prosperity region of residence at birth within Michigan in 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with **known estimated** gestational age multiplied by 100. In 2015, the incidence of preterm birth was the highest in the East Michigan prosperity region (11.2%) and the lowest in the Southwest prosperity region (8.5%).



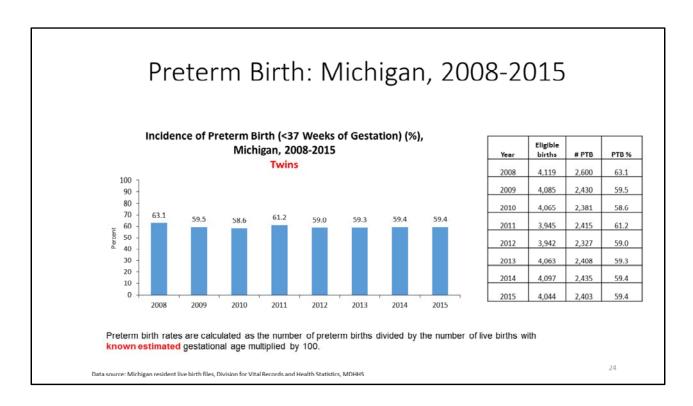
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of preterm birth by city of residence at birth within Michigan in 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with known estimated gestational age multiplied by 100. In 2015, the incidence of preterm birth was 15.5% in the City of Flint, 13.8% in Detroit, 11.4% in Lansing, and 9.9% in Grand Rapids.



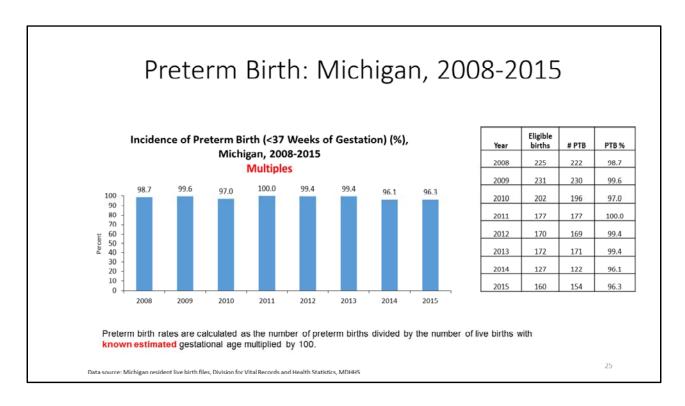
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of preterm birth by plurality within Michigan from 2008 to 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with **known estimated** gestational age multiplied by 100. From 2008 to 2015, the incidence of preterm birth was on a slow decline for singletons, twins, and multiples.



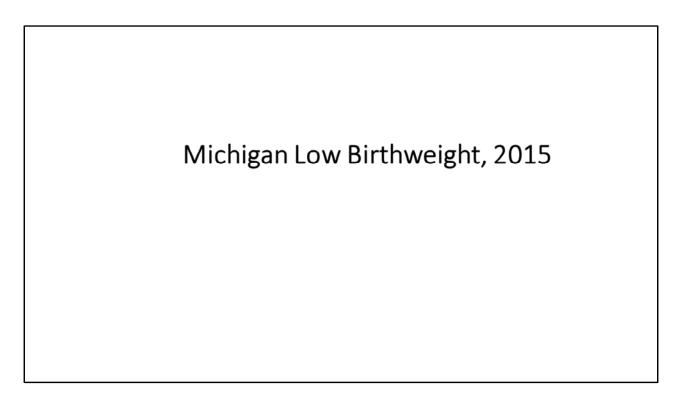
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of preterm birth among singleton births within Michigan from 2008 to 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with **known estimated** gestational age multiplied by 100. Among singleton births, the incidence of preterm birth has been on a slow decline from 2008 to 2015. The 2015 incidence of preterm birth among singleton births was 7.9%.



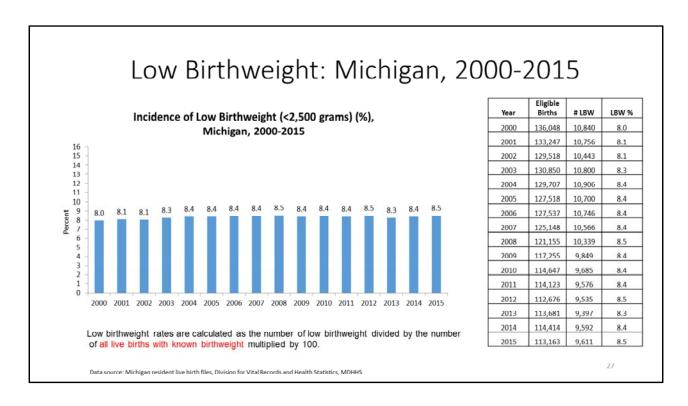
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of preterm birth among twin births within Michigan from 2008 to 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with **known estimated** gestational age multiplied by 100. Among twin births, the incidence of preterm birth has been on a slow decline from 2008 to 2015. The 2015 incidence of preterm birth among twin births was 59.4%.



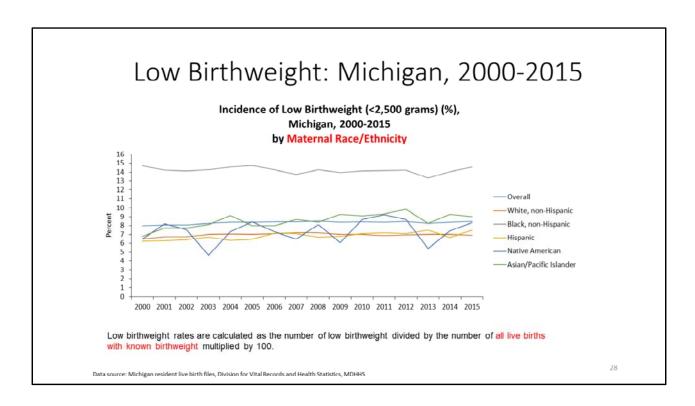
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of preterm birth among multiple births within Michigan from 2008 to 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with **known estimated** gestational age multiplied by 100. Among multiple births, the incidence of preterm birth has been not stable from 2008 to 2015. The 2015 incidence of preterm births among multiple births was 96.3%.



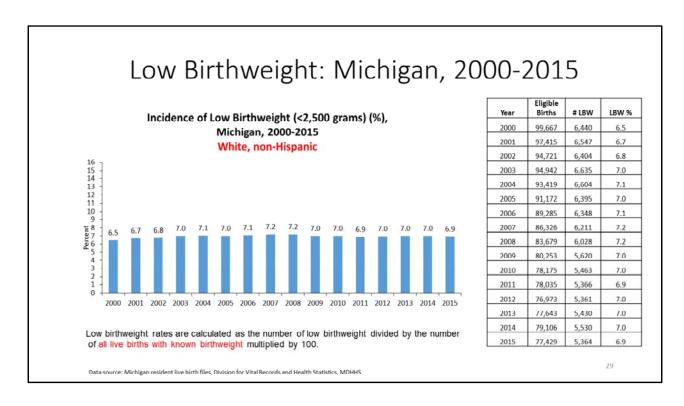
The next several slides contain updated low birthweight statistics for the State of Michigan



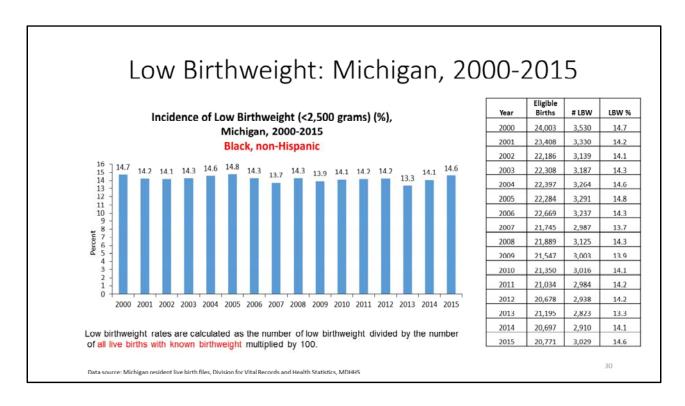
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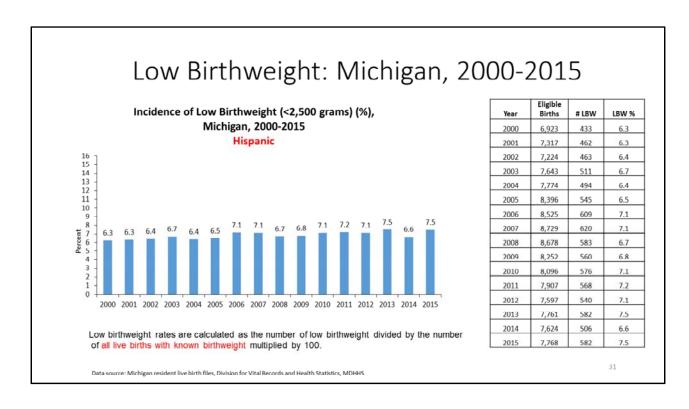
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of low birthweight by maternal race/ethnicity within Michigan from 2000 through 2015. Low birthweight is defined as a birthweight of a baby less than 2,500 grams. The incidence of low birthweight is calculated as the number of low birthweight divided by the number of all live births with known birthweight multiplied by 100. The incidence of low birthweight for non-Hispanic White and Hispanic, respectively, has been very stable from 2000 to 2015. Due to a small sample size, the incidence of preterm birth was not stable for Native American women from 2000 to 2015. Non-Hispanic Black women have the highest risk of delivering low birthweight babies when compared to other racial/ethnic groups.



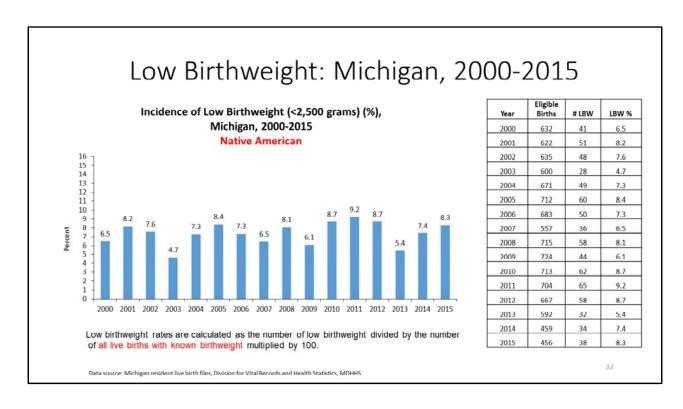
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of low birthweight among White non-Hispanic women within Michigan from 2000 through 2015. Low birthweight is defined as a birthweight of a baby less than 2,500 grams. The incidence of low birthweight is calculated as the number of low birthweight divided by the number of all live births with known birthweight multiplied by 100. Among babies born to White non-Hispanic women, the incidence of low birthweight increased from 2000 to 2008, and then has been on a slow decline from 2008 to 2015. The 2015 incidence of low birthweight among White non-Hispanic women in Michigan was 6.9%.



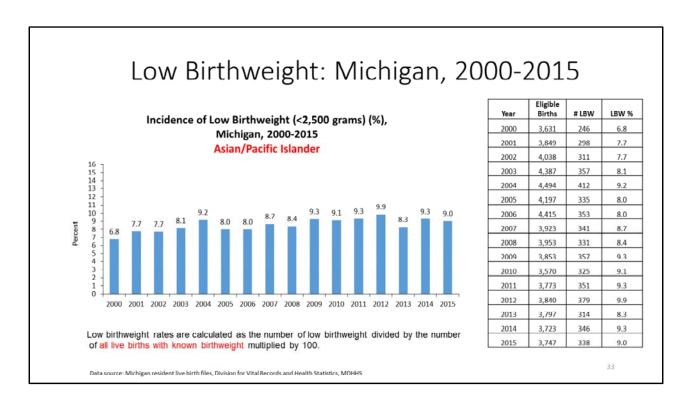
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of low birthweight among Black non-Hispanic women within Michigan from 2000 through 2015. Low birthweight is defined as a birthweight of a baby less than 2,500 grams. The incidence of low birthweight is calculated as the number of low birthweight divided by the number of all live births with known birthweight multiplied by 100. Among babies born to Black non-Hispanic women, the incidence of low birthweight has been on a slow decline from 2000 to 2014, with the lowest incidence (13.3%) being reported in 2013. The 2015 incidence of low birthweight among Black non-Hispanic women was 14.6%.



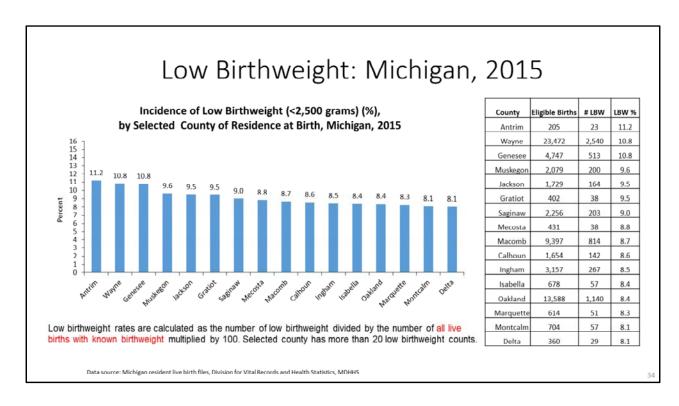
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of low birthweight among Hispanic women within Michigan from 2000 through 2015. Low birthweight is defined as a birthweight of a baby less than 2,500 grams. The incidence of low birthweight is calculated as the number of low birthweight divided by the number of all live births with known birthweight multiplied by 100. Among babies born to Hispanic women, the incidence of low birthweight increased from 6.3% in 2000 to 7.5% in 2015.



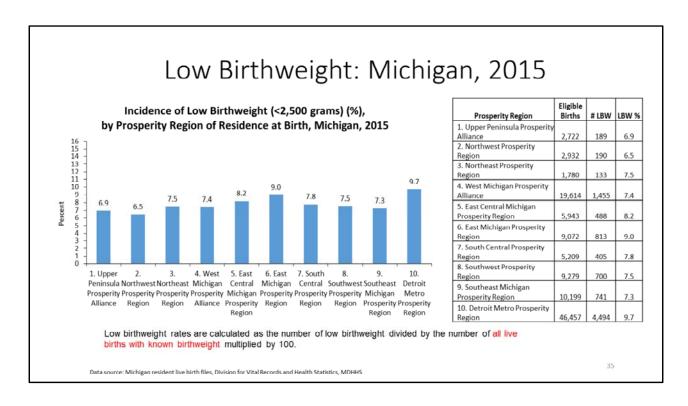
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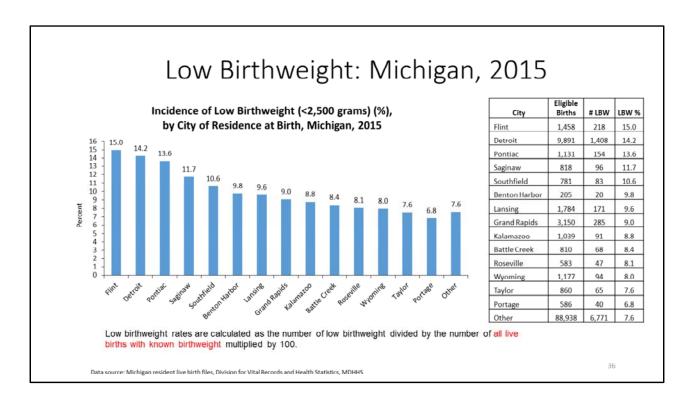
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of low birthweight among Asian/Pacific Islander women within Michigan from 2000 through 2015. Low birthweight is defined as a birthweight of a baby less than 2,500 grams. The incidence of low birthweight is calculated as the number of low birthweight divided by the number of all live births with known birthweight multiplied by 100. Among babies born to Asian/Pacific Islander women, the incidence of low birthweight has been on a slow increase from 2000 to 2015. The 2015 incidence of low birthweight among Asian/Pacific Islander women was 9.0%.



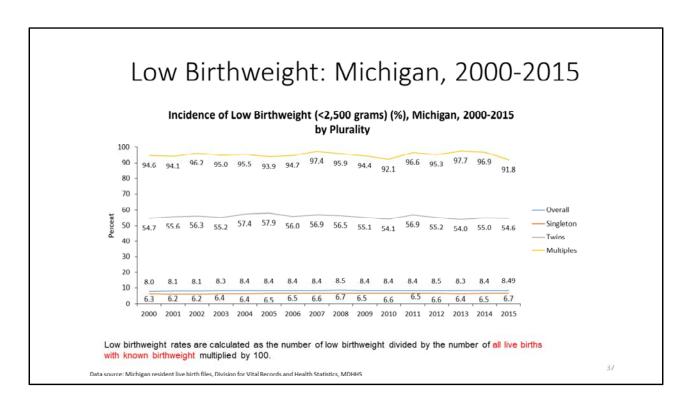
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of low birthweight by county of residence at birth within Michigan in 2015. Low birthweight is defined as a birthweight of a baby less than 2,500 grams. The incidence of low birthweight is calculated as the number of low birthweight divided by the number of all live births with known birthweight multiplied by 100. In 2015, the incidence of low birthweight is 10.8% in Genesee County, 10.8% in Wayne County, and 8.4% in Oakland County.



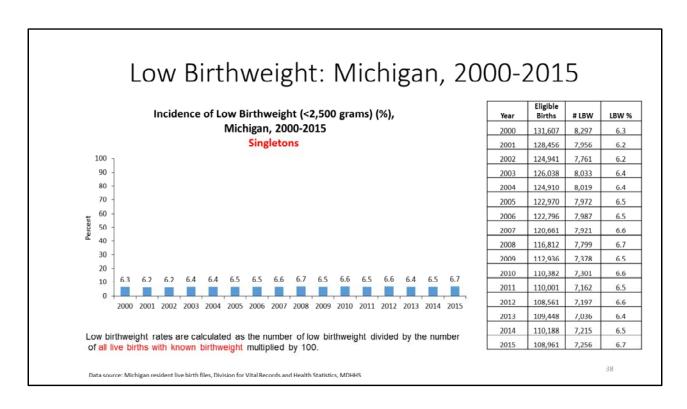
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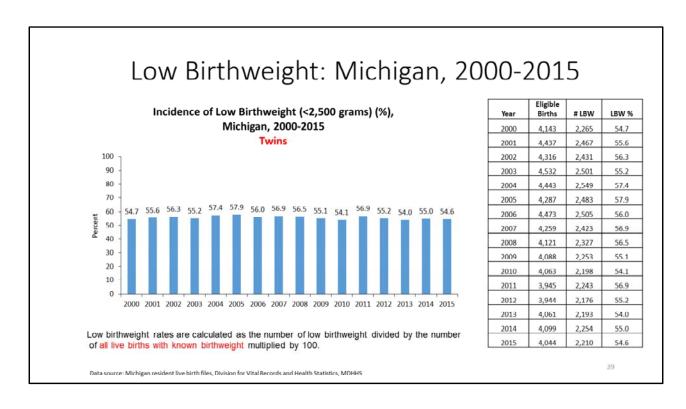
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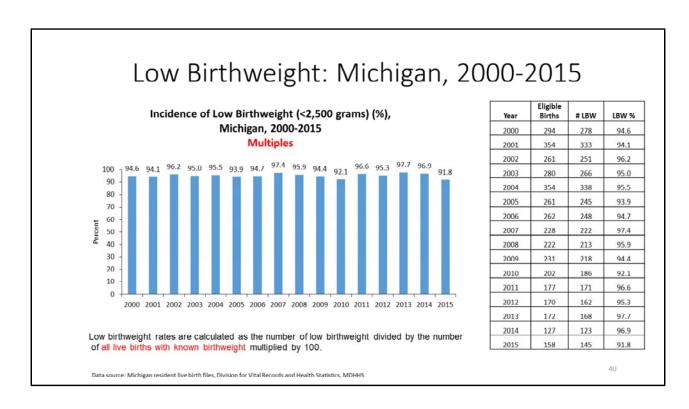
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of low birthweight by plurality within Michigan from 2000 to 2015. Low birthweight is defined as a birthweight of a baby less than 2,500 grams. The incidence of low birthweight is calculated as the number of low birthweight divided by the number of all live births with known birthweight multiplied by 100. From 2008 to 2015, the incidence of low birthweight has been on a slow decline for singletons, twins, and multiples.



Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of low birthweight among singleton babies within Michigan from 2000 to 2015. 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 all live births with known birthweight multiplied by 100. The incidence of low birthweight has been on a slow increase among singleton babies, from 6.3% in 2000 to 6.7% in 2015.



Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of low birthweight among twin babies within Michigan from 2000 to 2015. 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 all live births with known birthweight multiplied by 100. Among twin babies, the incidence of low birthweight increased from 54.7% in 2000 to 57.9% in 2005 and it has been on a slow decline from 2005 to 2015. The 2015 incidence of low birthweight among twin babies was 54.6%.



Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the incidence of low birthweight among multiple babies within Michigan from 2000 to 2015. 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 all live births with known birthweight multiplied by 100. Among multiple babies, the incidence of low birthweight has been 94.6% in 2000, 97.4% in 2007, and 97.7% in 2013. However, it was the lowest in 2015 (91.8%).

Michigan Infant Mortality, Preterm Birth and Low Birthweight by Maternal Characteristics, 2015

The next several slides provide updated infant mortality, preterm birth, and low birthweight statistics by maternal characteristics for the State of Michigan.

	Infant Death (N=765)		Live Birth (N=113,211)		IMR
	N	%	N	96	Per 1,000
Maternal Age					
< 20 years	65	8.6	6,412	5.7	10.1
20-24 years	226	29.8	25,727	22.7	8.8
25-29 years	212	28.0	35,104	31.0	6.0
30-34 years	139	18.3	30,403	26.9	4.6
35-39 years	94	12.4	12,889	11.4	7.3
≥ 40 years	22	2.9	2,673	2.4	8.2
	758		113,208		
Maternal Race/Ethnicity					
White, non-Hispanic	384	51.1	77,464	69.4	5.0
Black, non-Hispanic	274	36.5	20,776	18.6	13.2
Hispanic	65	8.7	7,768	7.0	8.4
American Indian	2	0.3	456	0.4	4.4
Asian/Pacific Islander	15	2.0	3,748	3.4	4.0
Multiracial	11	1.5	1,383	1.2	8.0
	751		111,595		
Maternal Education					
< HS Diploma or GED	145	19.7	13,680	12.2	10.6
HS Diploma or GED	245	33.2	28,224	25.1	8.7
Some College	227	30.8	37,548	33.4	6.0
4 or More Years College	120	16.3	32,853	29.3	3.7
	737		112,305		

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

Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the infant mortality rates by maternal characteristics within Michigan in 2015. 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. In 2015, the infant mortality rate in Michigan was higher among women aged less than 20 years (10.1 per 1,000 live births), Black non-Hispanic women (13.2 per 1,000 live births), and women with less than a high school education (10.6 per 1,000 live births).

		t Death =765)		Live Birth (N=113,211)	
	N	%	N	%	Per 1,000
Payment Source					
Private Insurance	303	40.1	61,077	54.1	5.0
Medicaid	432	57.2	49,264	43.6	8.8
Self Pay	16	2.1	1,912	1.7	8.4
Other	4	0.5	662	0.6	6.0
	755		112,915		
Smoking during pregnancy					
Yes	191	26.0	19,297	17.3	9.9
No	544	74.0	92,132	82.7	5.9
	735		111,429		
Prenatal BMI					
Underweight	18	2.4	3,607	3.3	5.0
Normal weight	254	33.2	46,948	42.9	5.4
Overweight	163	21.3	28,043	25.6	5.8
Obese	330	43.1	30,855	28.2	10.7
	765		109,453		
Newborn NICU Admission					
Yes	284	37.9	8,859	7.8	32.1
No	465	62.1	104,270	92.2	4.5
	749		113,129		
Other in Household Smoke					
Yes	165	23.4	16,037	14.8	10.3
No	540	76.6	92,321	85.2	5.8
	705		108,358		

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

Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the infant mortality rates by maternal characteristics within Michigan in 2015. 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. In 2015, the infant mortality rate in Michigan was higher among women using Medicaid as the payment source (8.8 per 1,000 live births), smoking women (9.9 per 1,000 live births), obese women (10.7 per 1,000 live births) and women living in households where others smoked (10.3 per 1,000 live births). Babies with a newborn NICU admission had a higher risk of infant mortality (32.1 per 1,000 live births).

	Infant Death (N=765)			Live Birth (N=113,211)	
	N	%	N	%	Per 1,000
Previous C-Section Delivery					
Yes	85	11.3	16,044	14.2	5.3
No	665	88.7	96,819	85.8	6.9
	750		112,863		
Gravidity					
First time mother	211	28.1	35,225	31.2	6.0
Non first time mother	539	71.9	77,686	68.8	6.9
	750		112,911		
Prenatal Care Began					
None	48	6.9	1,556	1.4	30.8
1st trimester	420	60.2	81,887	75.1	5.1
2nd trimester	179	25.6	21,151	19.4	8.5
3rd trimester	51	7.3	4,444	4.1	11.5
	698		109,038		
Kotelchuck Index					
Adequate Plus	333	43.5	43,436	38.4	7.7
Adequate	110	14.4	39,804	35.2	2.8
Intermediate	42	5.5	9,120	8.1	4.6
Inadequate	180	23.5	15,238	13.5	11.8
Unknown	100	13.1	5,613	5.0	17.8
	765		113,211		

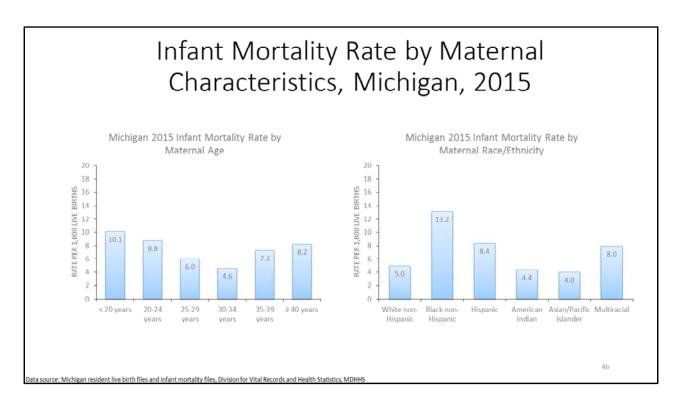
Data source: Michigan resident live birth files and infant mortality files, Division for Vital Records and Health Statistics, MDHHS

Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the infant mortality rates by maternal characteristics within Michigan in 2015. 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. In 2015, the infant mortality rate in Michigan was higher among non-first time mother (6.9 per 1,000 live births), women without prenatal care (30.8 per 1,000 live births), and pregnant women with an inadequate Kotelchuck index (11.8 per 1,000 live births).

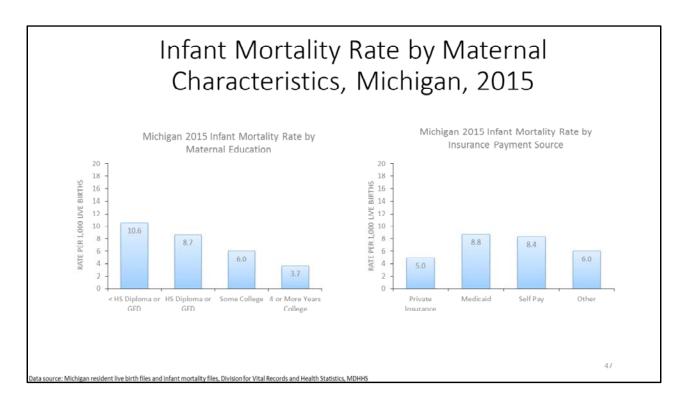
	Infant Death (N=765)		Live Birth (N=113,211)		IMR	
	N	%	N	%	Per 1,000	
Preterm birth						
Term	247	32.4	102,003	90.2	2.4	
Preterm (<37 weeks)	516	67.6	11,136	9.8	46.3	
	763		113,139			
Birthweight						
Very Low Birthweight	392	51.4	1,735	1.5	225.9	
Low Birthweight	133	17.5	7,876	7.0	16.9	
Normal Birthweight	221	29.0	93,460	82.6	2.4	
High Birthweight	16	2.1	10,092	8.9	1.6	
	762		113,163			

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

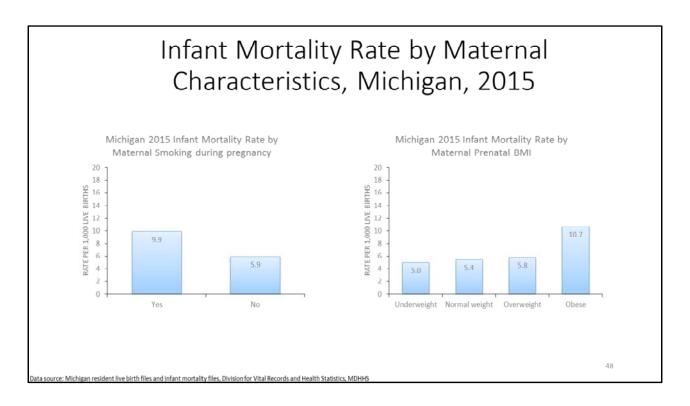
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the infant mortality rates by maternal characteristics within Michigan in 2015. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2015, the infant mortality rate in Michigan was higher among preterm birth babies (46.3 per 1,000 live births) and babies with very low birthweight (225.9 per 1,000 live births).



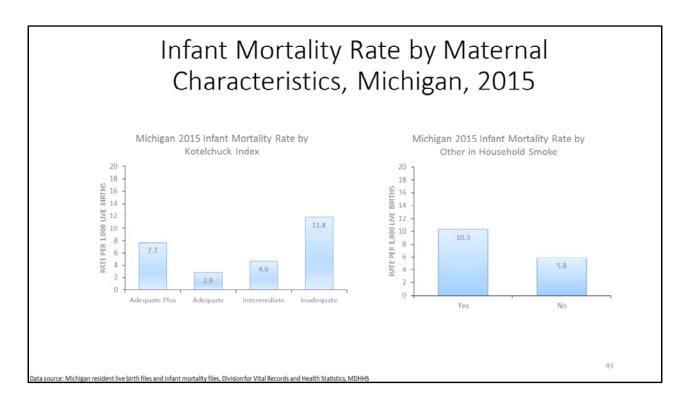
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the graphs of infant mortality rates by maternal age and maternal race/ethnicity within Michigan in 2015. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2015, the infant mortality rate in Michigan was higher among women aged less than 20 years (10.1 per 1,000 live births), women aged over 40 years (8.2 per 1,000 live births), Black non-Hispanic women (13.2 per 1,000 live births), and Hispanic women (8.4 per 1,000 live births).



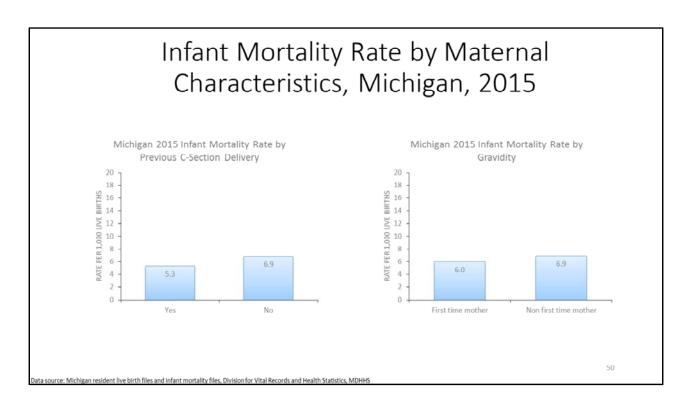
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the graphs of infant mortality rates by maternal education and maternal insurance payment source within Michigan in 2015. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2015, the infant mortality rate in Michigan was higher among women with less than a high school education (10.6 per 1,000 live births), and women using Medicaid as their payment source (8.8 per 1,000 live births).



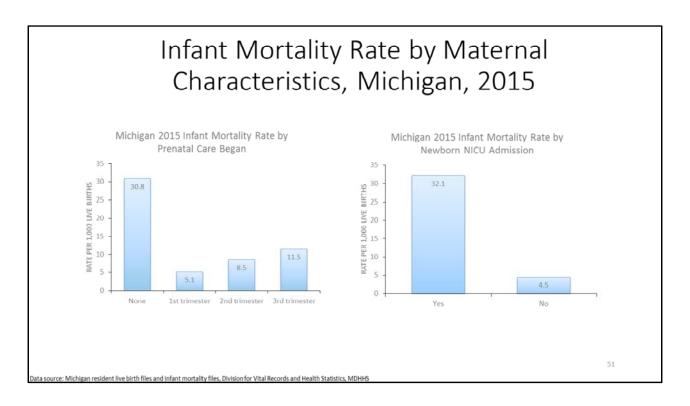
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the graphs of infant mortality rates by maternal smoking during pregnancy and prenatal body mass index (BMI) within Michigan in 2015. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2015, the infant mortality rate in Michigan was higher among women who smoked during pregnancy (9.9 per 1,000 live births) and obese women (10.7 per 1,000 live births).



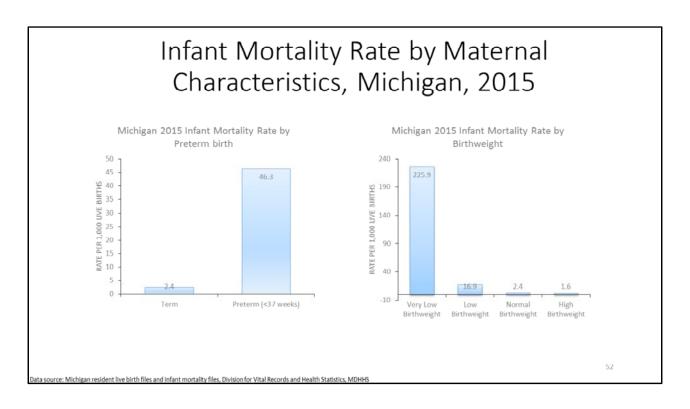
Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the graphs of infant mortality rates by newborn NICU admission and household smoking status within Michigan in 2015. Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births. In 2015, the infant mortality rate in Michigan was higher among women living in households where others smoked (10.3 per 1,000 live births), and pregnant women with adequate plus Kotelchuck index (7.7 per 1,000 live births) and inadequate Kotelchuck index (11.8 per 1,000 live births). Pregnant women with adequate plus Kotelchuck index were more likely to have higher risk pregnancy.



Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the graphs of infant mortality rates by C-section delivery and gravidity within Michigan in 2015. 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. In 2015, the infant mortality rate in Michigan was higher among women with a previous C-section delivery (6.9 per 1,000 live births) and among non-first time mother (6.9 per 1,000 live births).



Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the infant mortality rates by prenatal care within Michigan in 2015. 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. In 2015, the infant mortality rate in Michigan was higher among women without prenatal care (30.8 per 1,000 live births). Babies with a newborn NICU admission had a higher risk of infant mortality (32.1 per 1,000 live births). However, higher risk babies were more likely to be admitted to NICU.



Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the infant mortality rates by preterm birth and low birthweight within Michigan in 2015. 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. In 2015, the infant mortality rate in Michigan was higher among preterm birth babies (46.3 per 1,000 live births) and babies with very low birthweight (225.9 per 1,000 live births).

#### Preterm Birth by Maternal Characteristics, Michigan, 2015

	Term Birth		Preterm	
	(N=102,003) N	N	(N=11) %	OR (95% C.I.)
Maternal Age	.,		~	On (55% C.i.)
< 20 years	5,787	614	9.6%	1.1 ( 1.0, 1.2)
20-24 years	23,177	2,529	9.8%	1.1 ( 1.0, 1.2)
25-29 years	31,924	3,160	9.0%	1.0
30-34 years	27,470	2,924	9.6%	1.1 ( 1.0, 1.1)
35-39 years	11,371	1,508	11.7%	1.3 ( 1.3, 1.4)
≥ 40 years	2,273	399	14.9%	1.8 ( 1.6, 2.0)
Maternal Race/Ethnicity				
White non-Hispanic	70,576	6,851	8.8%	1.0
Black non-Hispanic	17,829	2,923	14.1%	1.7 ( 1.6, 1.8)
Hispanic	7,068	695	9.0%	1.0 ( 0.9, 1.1)
American Indian	393	63	13.8%	1.7 ( 1.3, 2.2)
Asian/Pacific Islander	3,432	316	8.4%	0.9 ( 0.8, 1.1)
Multiracial	1,237	145	10.5%	1.2 ( 1.0, 1.4)
Maternal Education				
< HS Diploma or GED	12,162	1,502	11.0%	1.4 ( 1.3, 1.4)
HS Diploma or GED	25,160	3,046	10.8%	1.3 ( 1.3, 1.4)
Some College	33,853	3,672	9.8%	1.2 ( 1.1, 1.3)
4 or More Years College	30,098	2,749	8.4%	1.0

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

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Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the preterm birth rates by maternal characteristics within Michigan in 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with known estimated gestational age multiplied by 100. In 2015, the incidence of preterm birth in Michigan was higher among women aged over 40 years (14.9%), Black non-Hispanic women (14.1%), and women with less than a high school education (11.0%).

#### Preterm Birth by Maternal Characteristics, Michigan, 2015

	Term Birth		Preterm Birth			
	(N=102,003)		(N=11,136)			
	N	N	%	OR (95% C.I.)		
Payment Source						
Private Insurance	55,559	5,503	9.0%	1.0		
Medicaid	43,871	5,360	10.9%	1.2 ( 1.2, 1.3)		
Self Pay	1,720	181	9.5%	1.1 ( 0.9, 1.2)		
Other	600	62	9.4%	1.0 ( 0.8, 1.4)		
Smoking during pregnancy						
Yes	17,056	2,227	11.5%	1.3 ( 1.2, 1.3)		
No	83,485	8,599	9.3%	1.0		
Prenatal BMI		1				
Underweight	3,176	429	11.9%	1.4 ( 1.3, 1.6)		
Normal weight	42,803	4,112	8.8%	1.0		
Overweight	25,433	2,597	9.3%	1.1 ( 1.0, 1.1)		
Obese	27,550	3,293	10.7%	1.2 ( 1.2, 1.3)		
Newborn NICU Admission						
Yes	3,845	5,006	56.6%	20.9 ( 19.9, 22.0)		
No	98,102	6,112	5.9%	1.0		
Other in Household Smoke						
Yes	14,294	1,728	10.8%	1.2 ( 1.1, 1.2)		
No	83,662	8,615	9.3%	1.0		

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 of Vital Records and Health Statistics, this slide shows the preterm birth rates by maternal characteristics within Michigan in 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with **known estimated** gestational age multiplied by 100. In 2015, the incidence of preterm birth in Michigan was higher among women using Medicaid as their payment source (10.9%), smoking women (11.5%), underweight and obese women (11.9% and 10.7%, respectively), and women living in households where others smoke (10.8%). Babies with a newborn NICU admission had a higher risk of preterm birth (56.6%).

#### Preterm Birth by Maternal Characteristics, Michigan, 2015

	Term Birth (N=102,003)		Preterm Birth (N=11,136)		
	N	N	%	OR (95% C.I.)	
Previous C-Section Delivery					
Yes	14,336	1,704	10.6%	1.1 ( 1.0, 1.2)	
No	87,379	9,387	9.7%	1.0	
Gravidity					
First time mother	32,163	3,044	8.6%	0.8 ( 0.8, 0.9)	
Non first time mother	69,599	8,047	10.4%	1.0	
Prenatal Care Began			+		
None	1,074	445	29.3%	4.1 ( 3.6, 4.6)	
1st trimester	74,316	7,565	9.2%	1.0	
2nd trimester	19,069	2,080	9.8%	1.1 ( 1.0, 1.1)	
3rd trimester	4,043	400	9.0%	1.0 ( 0.9, 1.1)	
Kotelchuck Index					
Adequate Plus	36,771	6,660	15.3%	5.2 ( 4.9, 5.5)	
Adequate	38,451	1,352	3.4%	1.0	
Intermediate	8,659	461	5.1%	1.5 ( 1.4, 1.7)	
Inadequate	13,434	1,769	11.6%	3.7 ( 3.5, 4.0)	

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

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Using data from the Michigan Department of Health and Human Services, Division of Vital Records and Health Statistics, this slide shows the preterm birth rates by maternal characteristics within Michigan in 2015. Preterm birth is defined as a birth of a baby less than 37 complete weeks of gestation. The incidence of preterm birth is calculated as the number of preterm births divided by the number of live births with **known estimated** gestational age multiplied by 100. In 2015, the incidence of preterm birth in Michigan was higher among women with a previous C-section delivery (10.6%), non-first time mother (10.6%), women without prenatal care (29.3%), and pregnant women with an adequate plus or inadequate Kotelchuck index (15.3% and 11.6%, respectively).

## Low Birthweight by Maternal Characteristics, Michigan, 2015

	Normal & High Birthweight	١	ery Low & Low I	Birthweight	
	(N=103,552)		(N=9,611)		
	N	N	%	OR (95% C.I.)	
Maternal Age					
< 20 years	5,769	642	10.0%	1.3 ( 1.2, 1.5)	
20-24 years	23,317	2,404	9.3%	1.2 ( 1.2, 1.3)	
25-29 years	32,390	2,701	7.7%	1.0	
30-34 years	28,039	2,349	7.7%	1.0 ( 0.9, 1.1)	
35-39 years	11,682	1,196	9.3%	1.2 ( 1.1, 1.3)	
≥ 40 years	2,354	317	11.9%	1.6 ( 1.4, 1.8)	
Maternal Race/Ethnicity					
White non-Hispanic	72,065	5,364	6.9%	1.0	
Black non-Hispanic	17,742	3,029	14.6%	2.3 ( 2.2, 2.4)	
Hispanic	7,186	582	7.5%	1.1 ( 1.0, 1.2)	
American Indian	418	38	8.3%	1.2 ( 0.9, 1.7)	
Asian/Pacific Islander	3,409	338	9.0%	1.3 ( 1.2, 1.5)	
Multiracial	1,252	129	9.3%	1.4 ( 1.2, 1.7)	
Maternal Education					
< HS Diploma or GED	12,180	1,492	10.9%	1.8 ( 1.6, 1.9)	
HS Diploma or GED	25,451	2,761	9.8%	1.6 ( 1.5, 1.6)	
Some College	34,467	3,072	8.2%	1.3 ( 1.2, 1.4)	
4 or More Years College	30,698	2,141	6.5%	1.0	

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 of Vital Records and Health Statistics, this slide shows the low birthweight rates by maternal characteristics within Michigan in 2015. 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 all live births with known birthweight multiplied by 100. In 2015, the incidence of low birthweight in Michigan was higher among women aged less than 20 years (10.0%), aged over 40 years (11.9%), Black non-Hispanic women (14.6%), and women with less than a high school education (10.9%).

## Low Birthweight by Maternal Characteristics, Michigan, 2015

	Normal & High Birthweight (N=103,552)	١	Very Low & Low Birthweight (N=9,611)			
	N	N	%	OR (95% C.I.)		
Payment Source						
Private Insurance	56,700	4,360	7.1%	1.0		
Medicaid	44,249	5,010	10.2%	1.5 ( 1.4, 1.5)		
Self Pay	1,750	148	7.8%	1.1 (0.9, 1.3)		
Other	596	66	10.0%	1.4 ( 1.1, 1.9)		
Smoking during pregnancy						
Yes	16,977	2,315	12.0%	1.6 ( 1.6, 1.7)		
No	85,037	7,057	7.7%	1.0		
Prenatal BMI						
Underweight	3,128	479	13.3%	1.7 ( 1.6, 1.9)		
Normal weight	43,098	3,831	8.2%	1.0		
Overweight	25,854	2,174	7.8%	0.9 ( 0.9, 1.0)		
Obese	28,307	2,542	8.2%	1.0 ( 1.0, 1.1)		
Newborn NICU Admission						
Yes	4,537	4,318	48.8%	17.8 ( 17.0, 18.8)		
No	98,957	5,276	5.1%	1.0		
Other in Household Smoke						
Yes	14,248	1,785	11.1%	1.5 ( 1.4, 1.6)		
No	85,104	7,184	7.8%	1.0		

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 of Vital Records and Health Statistics, this slide shows the low birthweight rates by maternal characteristics within Michigan in 2015. 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 all live births with known birthweight multiplied by 100. In 2015, the incidence of low birthweight in Michigan was higher among women using Medicaid as their payment source (10.2%), smoking women (12.0%), underweight women (13.3%), and women living in households where others smoked (11.1%). Babies with a newborn NICU admission had a higher risk of low birthweight (48.8%).

## Low Birthweight by Maternal Characteristics, Michigan, 2015

	Normal & High Birthweight	١	Very Low & Low Birthweight			
	(N=103,552)	(N=9,611)				
	N	N	96	OR (95% C.I.)		
Previous C-Section Delivery	+					
Yes	14,816	1,228	7.7%	0.9 ( 0.8, 0.9)		
No	88,430	8,350	8.6%	1.0		
Gravidity						
First time mother	32,255	2,962	8.4%	1.0 ( 0.9, 1.0)		
Non first time mother	71,043	6,612	8.5%	1.0		
Prenatal Care Began						
None	1,169	380	24.5%	3.8 ( 3.4, 4.3)		
1st trimester	75,441	6,432	7.9%	1.0		
2nd trimester	19,246	1,889	8.9%	1.2 ( 1.1, 1.2)		
3rd trimester	4,093	351	7.9%	1.0 ( 0.9, 1.1)		
Kotelchuck Index						
Adequate Plus	38,012	5,420	12.5%	3.8 ( 3.6, 4.1)		
Adequate	38,362	1,431	3.6%	1.0		
Intermediate	8,714	401	4.4%	1.2 ( 1.1, 1.4)		
Inadequate	13,643	1,585	10.4%	3.1 ( 2.9, 3.4)		
Preterm birth						
Term (≥ 37 weeks)	99,068	2,908	2.9%	1.0		
Preterm (<37 weeks)	4,432	6,698	60.2%	51.5 ( 48.8, 54.3)		

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 of Vital Records and Health Statistics, this slide shows the low birthweight rates by maternal characteristics within Michigan in 2015. 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 all live births with known birthweight multiplied by 100. In 2015, the incidence of low birthweight in Michigan was higher among non-first time mother (8.5%), women without prenatal care (24.5%), and pregnant women with an adequate plus or inadequate Kotelchuck index (12.5% and 10.4%, respectively). Preterm birth babies had a higher risk of being low birthweight (60.2%).