

For Immediate Release
August 9, 2017

Contact: Alex Rossman
arossman@mlpp.org
517.487.5436

Infant death rate down 27 percent in Wyoming

Right Start report examines nine maternal and child health factors for Wyoming

LANSING—The infant death rate declined 27 percent in Wyoming between 2010 and 2015, according to the Michigan League for Public Policy’s report [2017 Right Start: Infant death rates decline in Michigan, other trends raise concerns](#).

In 2015, 6 babies per 1,000 births in Wyoming died before their first birthday. That rate was down from 8.3 babies per 1,000 births in 2010 representing a rate change of 27 percent. The infant death rate declined 6.7 percent statewide, from 7.3 per 1,000 births in 2010 to 6.8 per 1,000 births in 2015.

The annual Right Start report examines nine maternal and infant health indicators statewide, by race and for a select number of cities and townships in Michigan. The 2017 report compares 2010 (2008-2010 three-year average) to 2015 (2013-2015 three-year average) and highlights infant mortality trends in the state. While overall improvement has been made statewide to reduce the number of Michigan babies who die before their first birthdays, there are significant disparities by race and community in infant death rates.

“We need to examine a complete picture when considering maternal and infant health, and what happens to a mom and her baby in the delivery room is just one piece of that picture,” said Alicia Guevara Warren, Kids Count in Michigan project director with the Michigan League for Public Policy. “If we’re really going to make a difference in the health of a mom and her baby, it’s necessary to make policy improvements that address dozens of factors, such as the mother’s neighborhood, her relationships, her education and her life experiences.”

While infant mortality and some other indicators are moving in the right direction locally and at the state level, there are some trends that are disconcerting. The table below shows how Wyoming measures up on eight other indicators analyzed in the report between 2010 and 2015. More information on these health indicators and what local efforts are underway to address infant death rates can be found in the local profile for Wyoming at <http://www.mlpp.org/kids-count/michigan-2/2017-right-start>.

Maternal & Child Health Indicators	Percent Change in Rate (2010 to 2015)
Births to women under age 20	-33%
Repeat teen births (% of teen births)	-22%
Births to mothers who are unmarried	-1%
Births to mothers who had no high school diploma/GED	-23%
Births to mothers who received late/no prenatal care	-4%
Births to mothers who smoked during pregnancy	-5%

Low-birthweight babies	16%
Preterm births	19%

*Negative change in rate shows a decline or improvement

On the whole, Michigan has made gains in regards to the health of moms and babies. The share of births to women under the age of 20 decreased by almost 37 percent from 2010 to 2015 and repeat teen births also declined. Fewer mothers are giving birth without a high school diploma or GED, an improvement of over 21 percent. Another improvement is that the rate of babies born too small improved by 1 percent, though over 9,500 births were still considered low birthweight.

However, areas of concern remain. Over 6,000 births statewide, or 5.3 percent, were to mothers who either did not receive prenatal care or started care late in their pregnancy. This represents nearly a 10 percent rate increase from 2010. Also worsening over the trend period was the rate of mothers smoking during pregnancy, which stands at over 18 percent, or close to 1 in 5 births. Especially concerning is the rising rate of babies born too early—nearly 14,000 preterm births in 2015, a rate increase of almost 20 percent from 2010.

Policy recommendations in the report to improve maternal and child health include: reducing disparities by race and ethnicity; protecting the Affordable Care Act and the Healthy Michigan Plan; expanding home visiting programs to support vulnerable women and infants; and addressing the social determinants of health.

“Home visiting programs to support vulnerable women and infants have proven very effective and resulted in improved access to prenatal care, fewer preterm births, and increased well-child visits across the state,” said Amy Zaagman, executive director of the Michigan Council for Maternal & Child Health. “Not only should these programs receive more support from the state level, but federal lawmakers should work to ensure that successful programs like the Maternal, Infant, and Early Childhood Home Visiting program are reauthorized to continue to support mothers and their babies.”

In addition to the full report, localized press releases and individual profiles of 20 communities can be found at <http://www.mlpp.org/kids-count/michigan-2/2017-right-start>, including information on local efforts to address maternal health. Information will also be available online at the Kids Count Data Center, <http://datacenter.kidscount.org/>. For more information on the League’s Kids Count work, go to www.mlpp.org/kids-count.

###

The Kids Count in Michigan project is part of a broad national effort to improve conditions for children and their families. Funding for the project is provided by the Annie E. Casey Foundation, The Max M. and Marjorie S. Fisher Foundation, The Skillman Foundation, Steelcase Foundation, Michigan Education Association, American Federation of Teachers Michigan, Blue Cross Blue Shield of Michigan Foundation, United Way for Southeastern Michigan, DTE Energy Foundation, Ford Motor Company Fund, Battle Creek Community Foundation, and the Fetzer Institute. More state and local data are available at the Kids Count Data Center, www.datacenter.kidscount.org.

The Michigan League for Public Policy, www.mlpp.org, is a nonprofit policy institute focused on economic opportunity for all. It is the only state-level organization that addresses poverty in a comprehensive way.