

Policy Alternatives

Support perinatal regionalization efforts

Work is underway to re-establish a network that will focus on getting pregnant women to the most appropriate facility to deliver their baby based on their risk factors. The network will save lives and dollars.

Launch an aggressive safe sleep campaign

The message about how to place an infant to sleep safely must be widely accepted, disseminated and reinforced with a variety of audiences. Sleep related deaths are the most preventable infant deaths.

Promote and preserve access to care for women, preconception and prenatal, and for infants and children whose unique health concerns make them vulnerable

Investing the time, resources and energy into proven ways of supporting women with their preconception health, ensuring access to care and services that result in a healthy pregnancy, as well as supporting families throughout pregnancy, birth and the first years of life, is critical, if we endeavor to reduce Michigan's infant mortality rate.

Websites:

The 2012 State of Michigan Infant Mortality Reduction Plan is the work of a collaborative group of stakeholders at the request of Governor Rick Snyder and the Michigan Department of Community Health: <http://www.michigan.gov/mdch>

Updated sleep guidelines were published by the American Academy of Pediatrics in 2011: <http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf+html>

The Association of Maternal and Child Health Programs has created this webpage with resources to support state efforts to improve birth outcomes and reduce infant mortality: <http://www.amchp.org/programsandtopics/womens-health/infant-mortality/Pages/default.aspx>

The Kaiser Family Foundation has created a website that disseminates health data by state: <http://www.statehealthfacts.org>

For more information, contact:

Amy Zaagman, MPA, Executive Director, Michigan Council for Maternal and Child Health, azaagman@mcmch.org



An Overview of Children's Health Issues in Michigan

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Michigan Chapter American Academy of Pediatrics
Michigan Council for Maternal and Child Health
School - Community Health Alliance of Michigan
University of Michigan C.S. Mott Children's Hospital

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Overview of Infant Mortality in Michigan

Many families in Michigan will celebrate their child's first birthday, but a disproportionate number will not. Michigan's infant mortality rate, or number of infants that die before their first birthday (stated as a rate per 1,000 live births) was 7.1 in 2010 while the national rate was 6.1.

The infant mortality rate is an indicator of a community's health and quality of life. A closer look at the pieces of this complex puzzle, and the underlying causes of Michigan's high rate reveal some definite trends, and obvious disparities.

Babies that die in Michigan are disproportionately:

- babies of color;
- the African American infant mortality rate was 14.0 in 2010
- the American Indian infant mortality rate was 8.6 in 2010
- born to mothers on Medicaid;
- the result of unintended pregnancies; and
- premature with low (1500-3000g) or very low (499-1500g) birthweight.

Preconception health

Poor preconception health adds to the risk of infant mortality. Growing evidence points to preexisting obesity, hypertension, diabetes, sexually transmitted infections and other poor health indicators as the basis for high-risk pregnancies that result in higher rates of loss both during pregnancy and after the birth of the infant.

Preconception health can be influenced by a variety of health issues, psychosocial risks and personal behaviors that may differ dramatically based on a woman's actual intention to become pregnant such as smoking, alcohol consumption, poor nutrition, and folic acid intake.

According to the population-based survey from the Michigan Pregnancy Related Risk Assessment Monitoring System (PRAMS):

- 43% of live births in Michigan were the result of unintended pregnancies with more than 67% of those births funded by Medicaid
- Unintended pregnancy rates are highest for African American women, teens between the ages of 13 – 17 years, women with less than a high school diploma, unmarried women and women with an annual household income of \$10,000 or less.

Women in these situations are likely to experience more stressors emotionally, economically and within their relationships, and are less likely to seek early prenatal care.

Prenatal Care

Quality prenatal care must include access to qualified medical professionals and supportive services to maintain a healthy pregnancy, prevent premature delivery and avoiding life-threatening complications. Varying levels of professionals may be involved in a pregnant woman's health care but it is imperative that women have access to a practicing obstetrician/gynecologist or a family practice physician who can refer women to a high-risk specialist when necessary.

It is becoming well-known that Michigan has an unacceptably high infant mortality rate. But what is equally alarming is that Michigan ranks last among the 50 states in maternal mortality – the rate of women who die while pregnant or within one year of giving birth.

Premature Birth

Premature birth is the largest contributing factor to infant death and one of the most complex components of infant mortality.

Risk factors for pre-term birth and low birth weight include:

- previous pre-term birth and/or low birth weight infant
- multiple birth
- smoking
- unintended pregnancy
- poor nutrition
- pregnancy complications such as high blood pressure and diabetes
- genital tract infections (including sexually transmitted diseases)
- stress, anxiety, depression and other psychological factors.

A pre-term birth magnifies the risks to mother and baby and has systemic, long-term consequences. A premature baby is likely to need intensive care in a neonatal intensive care unit or NICU, likely will go home in a more medically needy or fragile state and can have short-term or life-long health complications as a result.

Several strategies to help address premature deliveries are currently underway in Michigan.

1. Perinatal regionalization

In the 70s and 80s, Michigan had a working system to direct the delivery of babies to the most appropriate facility to prevent complications and infant and maternal loss. In the decades since we have lost the use of these standards for NICUs, some infants are born in facilities that are not equipped to deal with their needs. Premature infants need access to specialty care such as surgeons for congenital defects or complications. Michigan has several outstanding dedicated children's hospitals but the location of the infant at birth and ability to be transported safely all play a role in accessing this care.

A tremendous effort is underway, led by the Department of Community Health and a dedicated group of maternal and child health professionals to reestablish perinatal regions in Michigan.

2. Hard stop on elective deliveries before 39 weeks

Intensive work is being done to change practice habits with obstetricians and hospitals to institute a "hard stop" on elective deliveries before 39 weeks gestation as such deliveries have been shown to lead to greater risk and medical complications. Changing practitioners' habits as well as public demands to schedule deliveries for any reason other than imminent health danger has become a priority to help those infants avoid unnecessary health complications. Major delivery hospitals like the University of Michigan Health System have already enacted a "hard stop" policy, but work remains to be done across the state.

Home Visit Programs

Voluntary home visiting programs pair new and expectant families with trained professionals who provide education, coaching and support during pregnancy and throughout their child's first five years. Risk factors that make families candidates for home visiting include being Medicaid-eligible, low-income or a single parent household and having a first-time pregnancy or history of poor birth outcomes.

High quality home visiting programs have been shown to improve health by reducing premature delivery and low birth weights; increasing school readiness; and helping parents with skills to provide nurturing and supportive environments, which in turn lower rates of child abuse and neglect. Effective home visiting programs have been shown to return \$6 for each dollar invested.

Infant Care

Regardless of their status at birth, all infants remain at risk through the first year of life. Reinforcing strategies to address known risk factors in a consistent manner will help reduce the number of preventable infant deaths. Risk factors which account for many infant deaths include: lack of proper nutrition, unsafe sleeping environments, lack of access to appropriate medical care and immunizations, and protection from abuse, neglect and accidents.

Newborn Screening

Identifying infants at risk of death due to rare conditions is the primary goal of the state's newborn screening program. Each year more than 200 Michigan babies - one in every 500 to 600 births- are found to have a disorder detected in a blood test shortly after birth. They need treatment immediately or many of them will die as a result.

Safe Sleep Environments

As investigation techniques have become more sophisticated the number of cases of sudden infant death has declined as more are found to be caused by accidental suffocation and strangulation. Most research on Sudden Unexplained Infant Death Syndrome (SUIDS) concludes it does not have a simple, singular cause but is most likely an interaction between environmental, physiological and social risk factors.

The "Back to Sleep" campaign was launched almost 20 years ago by the American Academy of Pediatrics (AAP) and the National Institutes of Health. The AAP updated the recommendations in 2011. These reflect the many critical components, beyond 'back to sleep', that together, create safe sleep environments and practice:

- an infant should always be placed on its back, alone (but in the same room as parents if feasible), on a firm sleeping surface in a crib/bassinette to sleep without bumper pads or other loose items;
- the safe sleep message must be reinforced by medical professionals, hospitals, and the media as well as accepted in the community by parents, grandparents and caregivers;
- prenatal care, breastfeeding, proper immunizations and air quality (free of tobacco smoke) have been shown to dramatically reduce the risk of infant death

Breastfeeding Initiatives

Breastfeeding has significant health benefits for infants and mothers including reduced incidence of disease and decreased obesity rates. Breastfeeding is recognized by major health organizations and governmental agencies, such as the Centers for Disease Control and Prevention, the AAP and the Institute of Medicine as one of the most effective ways to protect the health of an infant. Health care providers are reinforcing the importance of breastfeeding at prenatal visits and dedicated resources exist in the hospital setting to help establish breastfeeding.

However, barriers and lack of support remain concerns when it comes helping new mothers. For example, Michigan is one of five states within the United States that does not have a statute that specifically allows women to breastfeed in any public or private location.

Access to Care

Inadequate access to pediatric and primary care remains a high concern. Any data points to stress here? For infants who have underlying health conditions or those who may have been born premature it is essential that they have access to a health care provider that can be an active partner with the parents to monitor and care for them. Establishing medical homes and ensuring care coordination are investments that we must make to ensure these babies can survive and thrive at home.