ADVOCATES FOR CHILDREN & YOUTH
ISSUE BRIEF
Voices for Maryland's Children

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Continued Decline in Health of Maryland's Infants

Less Prenatal Care, More Infant Deaths & Bigger Racial Disparities

Executive Summary

In 2007, the health of Maryland's infants declined once again. The percentage of women receiving early prenatal care dropped below 80 percent. Infant mortality continued to rise, increasing by 10 percent since 2005. Racial disparities grew after shrinking in prior years. African-American infant mortality is currently three times the rate for whites.

In short, Maryland is the wealthiest state in the nation, but the health of its infants is among the poorest and getting worse.

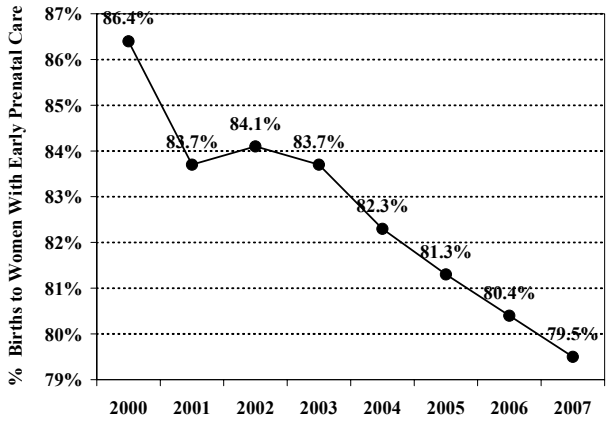
The solutions include: (1) increasing efforts to identify, enroll and engage pregnant women in early prenatal care; (2) ensuring that newly eligible women enroll in health insurance and access appropriate care; and (3) expanding access to health care for any non-pregnant woman under 250% of poverty whose prior pregnancy has resulted in a poor birth outcome.

Background

Advocates for Children and Youth tracks the well-being of Maryland's infants by examining access to prenatal care, the infant mortality rate and the prevalence of low-birthweight babies. This issue brief examines state-level data for 2007 recently released by the Department of Health and Mental Hygiene.[1]

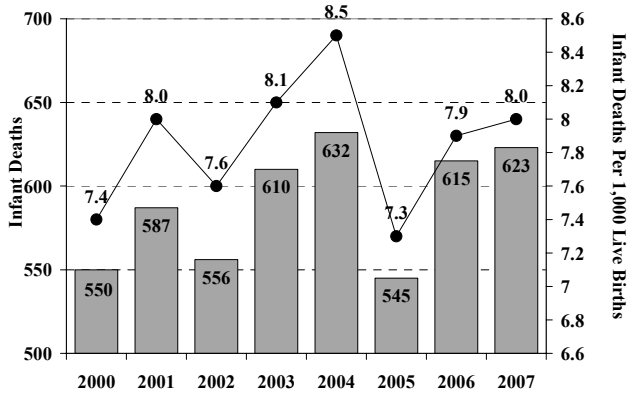
Prenatal Care

The percentage of births to women receiving prenatal care during their first trimester continues to slide and is now under 80 percent.[2] This means that one in five Maryland women is not receiving early prenatal care. The gap between white and African-American women widened slightly in 2007, reversing several years of improvements.[3]



Infant Mortality

Infant deaths increased to 623 deaths and a rate of 8.0 per 1,000 live births. The infant mortality rate has increased by 10% since 2005.[4]



The gap between white and African-American infant mortality widened in 2007, largely due to a 10%

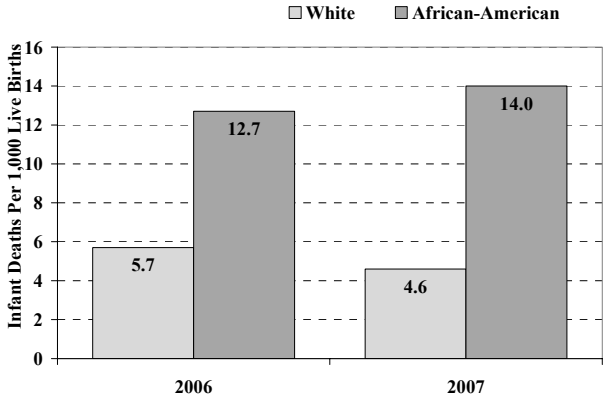
[1] Department of Health and Mental Hygiene, *Maryland Vital Statistics*, Preliminary Report (July 2007). Data for Maryland's 24 jurisdictions can be found at www.acy.org

[2] The U.S. 2010 Healthy People goal is 90%. See www.healthypeople.gov. Prior to 2006, the Department excluded births for which prenatal care timing was unknown.

[3] The 2007 data released so far from the Department of Health and Mental Hygiene does not contain the information needed to determine access differences between Hispanic and white women; however, 2006 data from the Department reflected a significant disparity.

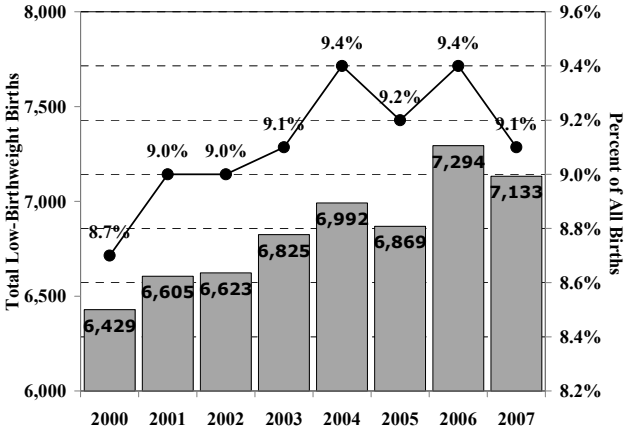
[4] The U.S. 2010 Healthy People goal is 4.5 per 1,000 live births. See www.healthypeople.gov.

increase in the African-American infant mortality rate between 2006 and 2007. The mortality rate for African-American infants is three times greater than that for white infants.

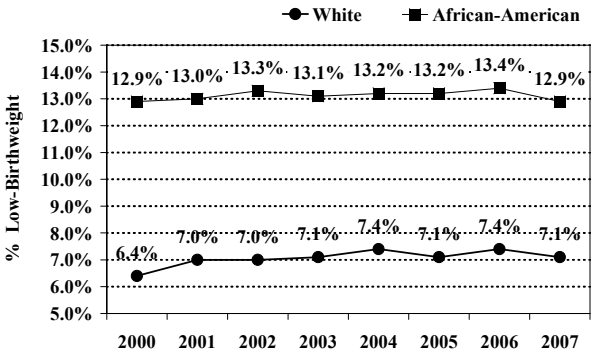


Low-Birthweight Babies

The percent of low-birthweight babies decreased to 9.1% in 2007.[5]



Racial disparities also improved but remained large, with 7.1% of white babies low-birthweight compared with 12.9% of African-American babies.



[5]The U.S. 2010 Healthy People goal is 5%.

Recommendations

Maryland is the wealthiest state in the nation but ranks poorly nationally in infant health. Based on 2005 data, Maryland was 39th in low birthweight and 31st in infant mortality.[6]

Maryland can begin to address the health of its infants by addressing the health of their mothers through the following three strategies.

First, improvement is needed in efforts to ensure that all eligible women enroll in health insurance, particularly African-American women and those at risk of pregnancies with poor birth outcomes. Pregnant women in Maryland are eligible for publicly-funded prenatal care if their income is under 250 percent of the Federal Poverty Level. Equally important is ensuring expedited access to high quality prenatal services once a pregnant woman has enrolled.

Second, it is essential that all eligible women enroll and receive services that will improve their overall health prior to the time they may become pregnant. Research increasingly shows that birth outcomes are affected by the health of a woman before she becomes pregnant. However, until recently most low-income women in Maryland were not eligible for health care until they became pregnant. This changed July 1, 2008, when the State expanded publicly-funded health insurance to women up to 116 percent of the Federal Poverty Level. Maryland can take this unique opportunity to improve the health of women of child-bearing age.

Third, it makes both policy and financial sense for the State to provide health care to women whose previous pregnancy resulted in a poor birth outcome. A key predictor of poor birth outcomes is a prior poor birth outcome. Women whose eligibility for medical assistance is linked to pregnancy and women who are only eligible for emergency labor and delivery services lose their coverage shortly after delivery. Access to appropriate interconception health care for these women can avoid a second poor birth outcome.

Advocates for Children and Youth is the Kids Count organization for Maryland.

[6] See Annie E. Casey Foundation, *2008 Kids Count Data Book.*