

Maryland's Infants Continue To Fare Poorly

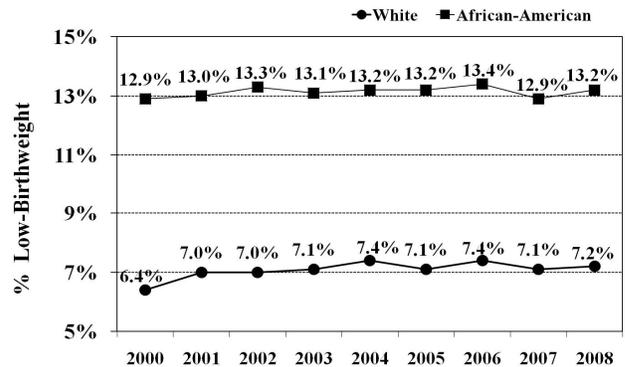
More Low-Birthweight Babies, Large Racial Disparities

Executive Summary

Maryland's infants continued to fare poorly in 2008. The percent of low-birthweight babies increased, as did the disparity in birthweight between African-American and white babies. The infant mortality rate remained high and stagnant, with a modest improvement in racial disparities. A modest increase was seen in the percent of women receiving early prenatal care.

To improve its poor birth outcomes, Maryland must: (1) improve access to health care before pregnancy; (2) ensure proper care for women with a poor first birth outcome and (3) expand home visiting programs.

Racial disparities also increased, with 7.2% of white babies born at a low birthweight, compared with 13.2% of African-American babies.

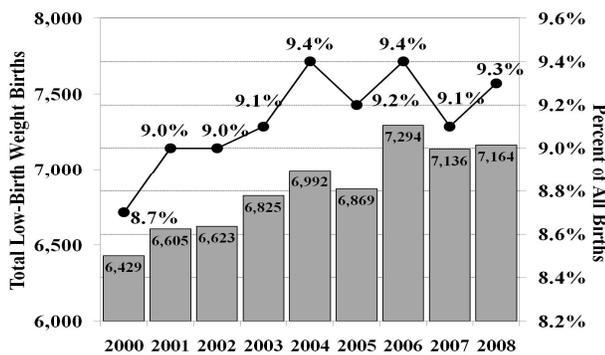


Background

Advocates for Children and Youth tracks the well-being of Maryland's infants by examining the percent of low-birthweight babies, the infant mortality rate, and access to prenatal care. This brief focuses on preliminary 2008 data recently released by the Department of Health and Mental Hygiene.¹

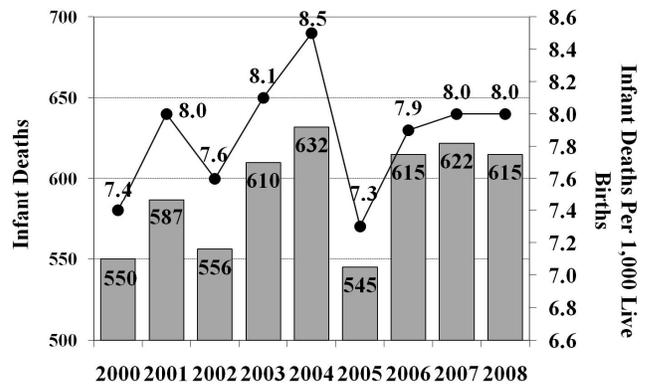
Low-Birthweight Babies

The percent of low-birthweight babies increased to 9.3% in 2008, almost double the national public health goal of five percent or less.²



Infant Mortality

Fewer infants died in 2008 than in 2007, but the infant mortality rate remained stagnant at 8.0 deaths per 1,000 live births.³



In contrast, the infant mortality rate in nearby Virginia fell to 6.7 deaths per 1,000 live births, the lowest level in state history.⁴

The gap between white and African-American infant mortality closed slightly in 2008, thanks to a decline in the African-American infant mortality rate. Unfortunately, the infant mortality rate for white infants increased.

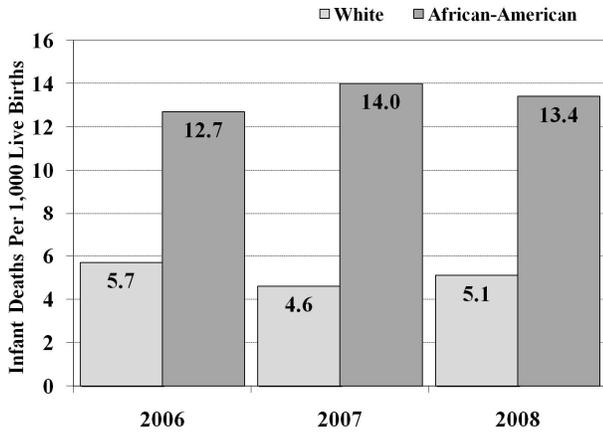
¹ Department of Health and Mental Hygiene, *Maryland Vital Statistics Preliminary Report*. Data for Maryland's 24 jurisdictions can be found at www.acy.org

²The U.S. 2010 Healthy People goal is 5%. See www.healthypeople.gov.

³ The U.S. 2010 Healthy People goal is 4.5 per 1,000 live births. See www.healthypeople.gov.

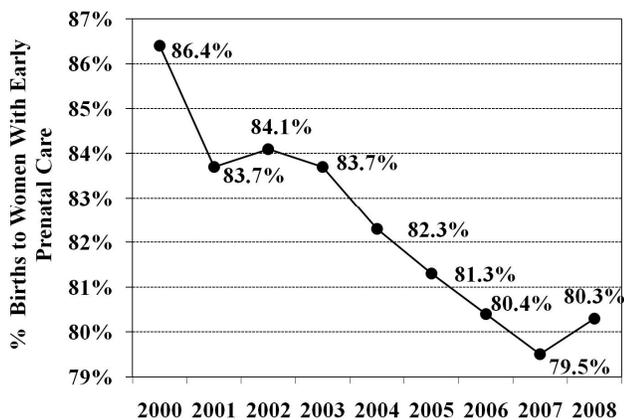
⁴ Virginia Department of Health.





Prenatal Care

The percentage of births to women receiving prenatal care during their first trimester made a modest improvement to 80.3% after years of declines.⁵ Nonetheless, almost one in five Maryland women is still not receiving early prenatal care. The gap between white and African-American women widened slightly in 2008, continuing the trend from 2007.



Recommendations

Maryland is the wealthiest state in the nation, but the state ranks poorly on most measures of infant health. Maryland ranks 43rd of the 50 states on low birthweight and 39th in infant mortality.⁶

Important steps are underway to address the state's poor birth outcomes. In 2008, Baltimore City released a plan to improve infant health. In 2009, Governor Martin O'Malley identified infant

⁵ The U.S. 2010 Healthy People goal is 90%. Prior to 2006, the Department excluded births for which prenatal care timing was unknown.

⁶ Based on 2006 data. See Annie E. Casey Foundation, *2009 Kids Count Data Book*.

mortality reduction as a top state priority and charged the Department of Health and Mental Hygiene with developing an action plan to improve birth outcomes. Advocates for Children and Youth urges the following steps to continue addressing poor birth outcomes:

First, the State should ensure that more women have access to health care prior to becoming pregnant, particularly African-American women and those at risk of pregnancies with poor birth outcomes. Research increasingly shows that birth outcomes are affected by the health of a woman before she becomes pregnant. Unfortunately, many women do not have health insurance prior to pregnancy and are unable to address chronic conditions and other factors that may impact birth outcomes. The State should continue expanding access to publicly-subsidized health insurance and apply for a federal family planning waiver to help women access care before conception.

Second, it makes both policy and financial sense for the State to provide intensive case management for women whose previous pregnancy resulted in a poor birth outcome. A key predictor of poor birth outcomes is a prior poor birth outcome. Access to appropriate interconception health care for high-risk women can avoid a second poor birth outcome.

Finally, quality, voluntary home visiting is an effective, research-based and cost-efficient way to improve birth outcomes. On a typical home visit, a nurse or other trained professional works with an expectant or new mother to provide coaching on improving infant health and to link families to other needed services. One local home visiting program, Baltimore City Healthy Start, has shown impressive results. The program had a 2008 infant mortality rate of 2.8 deaths per 1,000 live births, compared to rates of 12.1 deaths in Baltimore City and 14.3 deaths for the city's African American population.

Local jurisdictions can learn from the Baltimore City birth outcomes initiative as it unfolds and develop their own plans to expand home visiting. The State's forthcoming plan to reduce infant mortality should include high-quality home visiting programs and provide the resources needed to leverage federal funds and produce long-term savings. Maryland's federal delegation should support federal legislation to help expand the number of quality home visiting programs.