

Maryland's Infant Mortality National Ranking Drops to 42nd

Latest Data Provides Ray of Hope

Executive Summary

Maryland's national rankings for infant mortality and low-birthweight babies are extraordinarily poor, as revealed by the 2010 *Kids Count* report. Recent data shows an improvement in infant mortality, which is good news and may reflect better services. However, racial disparities are wider than ever, and too many babies are still dying or sick. Maryland needs to fully implement the Governor's infant mortality plan, including expanding family planning services to more women prior to their first pregnancy. These strategies not only save lives, they save money.

Introduction

This issue brief examines the latest national rankings for Maryland on measures of child health. It then discusses the latest data and implications for state policy and practice.

Maryland Falls to 42nd

Maryland ranks 42nd in the country in infant mortality, based on the new *Kids Count* report issued by the Annie E. Casey Foundation. Two years ago, Maryland ranked 31st. For percent of low-birthweight babies, Maryland ranks 38th. Maryland's child death rate ranking is 27th; two years ago it was 6th best. Maryland's infant mortality rate places it below every developed nation (see below).

Rank	Country	Rate
5	Japan	2.8
9	France	3.3
16	Germany	4.0
18	Spain	4.2
30	Australia	4.7
33	United Kingdom	4.8
37	Canada	5.0
41	Italy	5.4
45	United States	6.1
51	Poland	6.7
61	Hungary	7.7

← **Maryland 8.0**

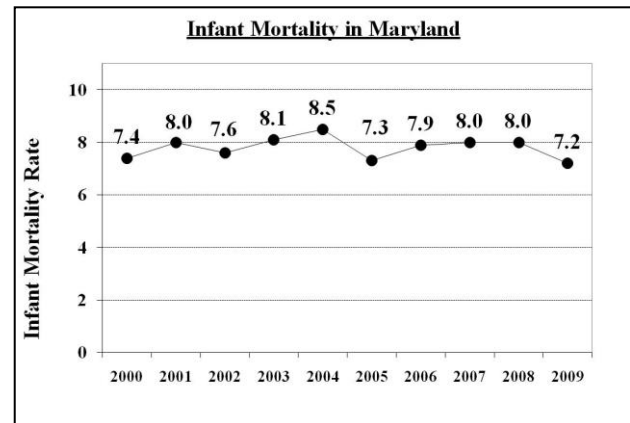
64	Ukraine	8.7
75	Russia	10.3
79	Fiji	11.3
79	Tonga	11.3
82	Botswana	11.8

2009 Data

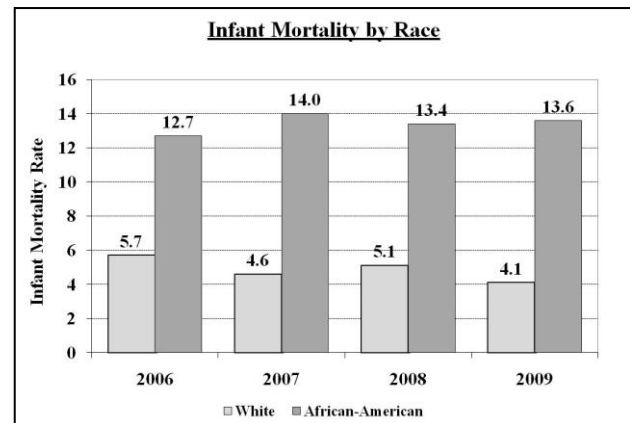
The 2010 Kids Count rankings for infant mortality and low birthweight are based on 2007 data. Maryland recently released 2009 data.¹

Infant Mortality

Infant mortality fell from 8.0 in 2007 to 7.2 in 2009 (see below).



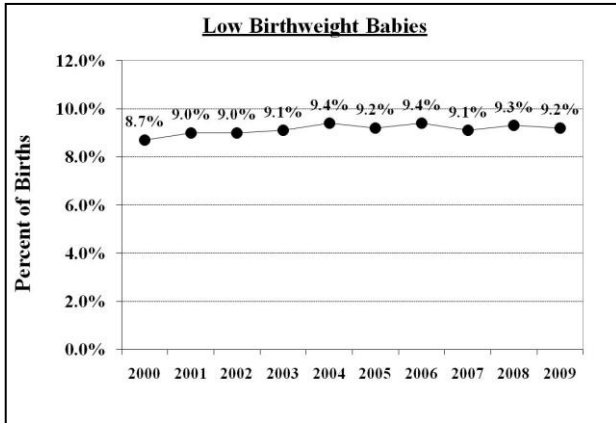
The change occurred because of a drop in infant mortality for white babies; the rate *increased* for African-American babies. As shown below, African-American babies are dying at 3.3 times the rate as white babies, the largest disparity in at least 10 years.



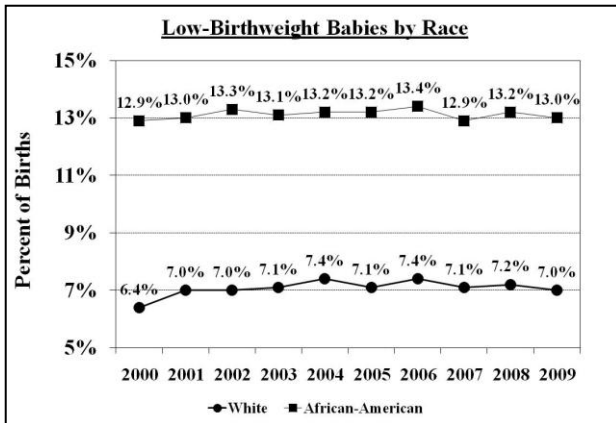
¹ Department of Health and Mental Hygiene, *Maryland Vital Statistics, Preliminary Report, 2009* (July 2010). For more detailed data, see www.acy.org.

Low Birthweight Babies

The percentage of low-birthweight babies increased from 9.1 in 2007 to 9.2 in 2009 (see below).

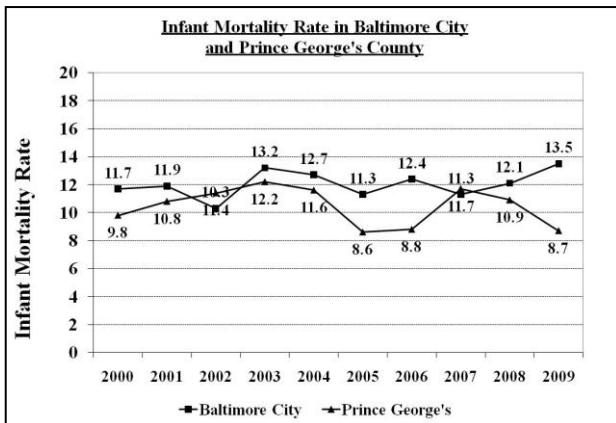


As with infant mortality, the 2009 data reveals a large racial disparity.



Baltimore City and Prince George's County

Infant mortality increased in Baltimore City to the highest level in at least 10 years and decreased in Prince George's County to the lowest level in several years (see below).



Discussion

The Governor has laudably made reducing infant mortality one his top 15 policy priorities. He has prepared a plan that incorporates the most credible strategies. However, in large part, the Governor's plan is not fully implemented and is not yet impacting a substantial number of women and babies. This means that the 2009 decrease in infant mortality is likely the result of other factors and may reflect statistical fluctuations.

Pre-Pregnancy Services

Improving the health of women prior to their pregnancy is critical to reducing infant mortality. The Governor's plan calls for expanding the ability of local clinics to provide pre-pregnancy family planning services. It will be important to examine how many additional women the clinics are able to serve, particularly in light of cuts in state aid to local health departments.

One very effective strategy to improve pre-pregnancy family planning is through the Medicaid program. Prior to a first pregnancy, coverage is currently limited to women making less than 116 percent of the federal poverty level. The federal government will pay 80 percent of expanding coverage up to 250 percent of poverty. The State needs to pay 20 percent, which is about \$2.6 million. After the first year, savings to the State will greatly exceed expenses, because of reduced numbers of pregnancies and fewer sick babies.

Pre-Natal Care

The Governor's plan includes an expedited process for enrolling pregnant women in Medicaid. The State has not yet released 2009 data to measure impact of this strategy.

Post-Partum Services

The women most at risk are those who have already experienced a difficult pregnancy or poor birth outcome. The Governor's plan seeks to address this through a more standardized discharge process from hospitals. In addition, it is critical to look at the activities of the Medicaid managed care organizations (MCOs) which are supposed to follow up with at risk women. As more women are insured because of federal health care reform, it will be increasingly important to verify that the MCOs are providing the services for which they are already being paid.