

Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health

In an Average Week in Florida

3,925 babies are born

484 babies are born to teen mothers (ages 15-19)

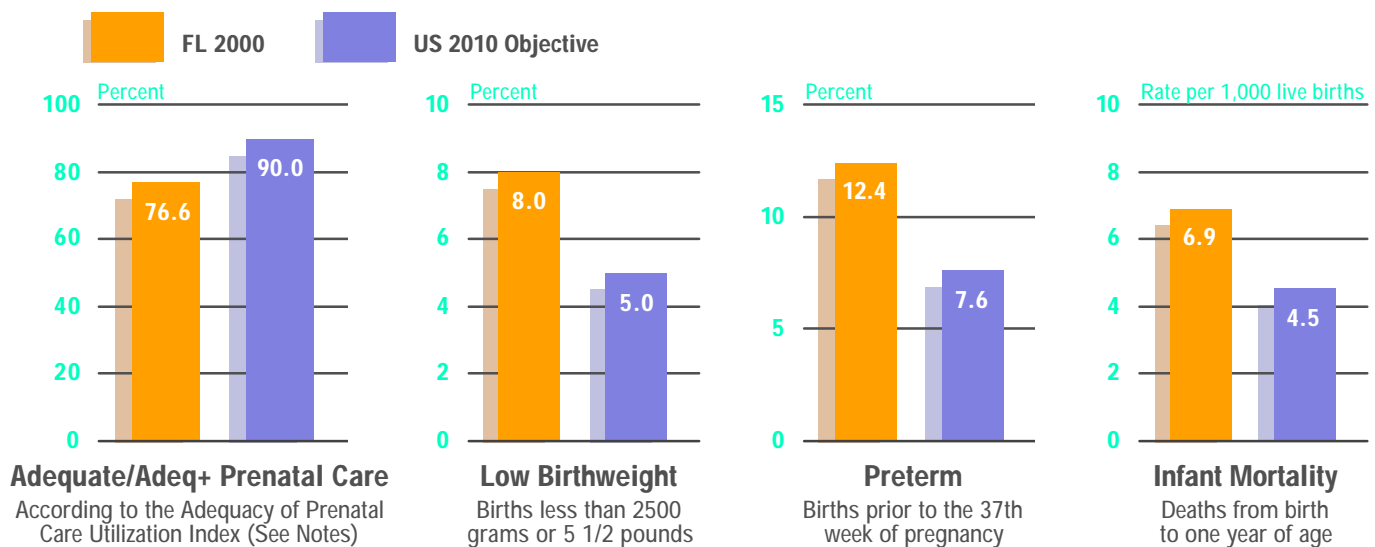
417 babies are born to mothers who receive inadequate prenatal care

313 babies are born low birthweight

486 babies are born preterm

27 babies die before their first birthday

Florida in 2000 and US Year 2010 Objectives



Births

2000	Number	Rate
All Races/Ethnicities	204,125	66.9 ¹
White, non-Hispanic	106,200	57.0 ¹
Black, non-Hispanic	46,233	84.8 ¹
Hispanic	45,856	81.6 ¹
Teens 15-17	8,648	29.7 ²
Teens 18-19	16,518	88.0 ³

¹Per 1,000 women ages 15-44 in specified group

²Per 1,000 women ages 15-17

³Per 1,000 women ages 18-19

Health Indicators

2000	Number	Rate
Adequate/Adeq+ Prenatal Care	152,591	76.6%
Early Prenatal Care ⁴	169,143	83.7%
Preterm	25,293	12.4%
Low Birthweight	16,255	8.0%
Very Low Birthweight ⁵	3,080	1.5%
Infant Mortality ⁶	1,410	6.9

⁴Live births to women receiving 1st trimester pregnancy-related care

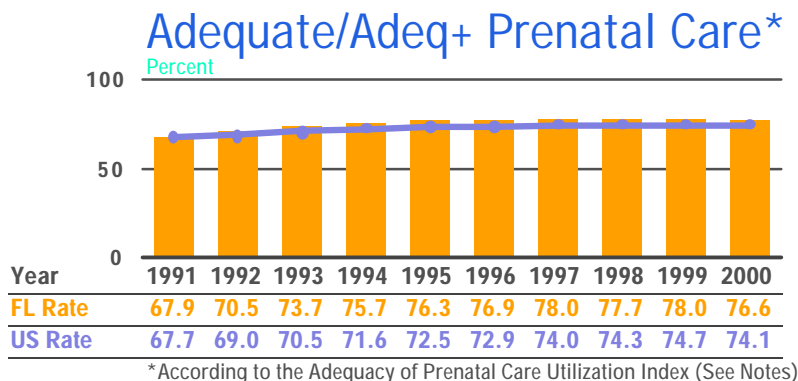
⁵Live births less than 1500 grams or 3 1/3 pounds

⁶Per 1,000 live births

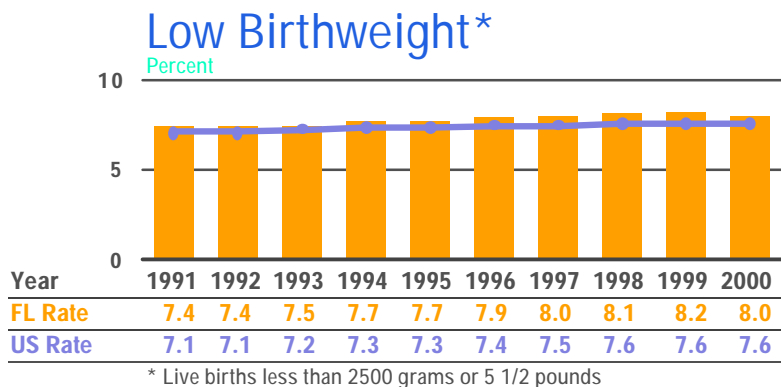
Health Indicators, 1991-2000



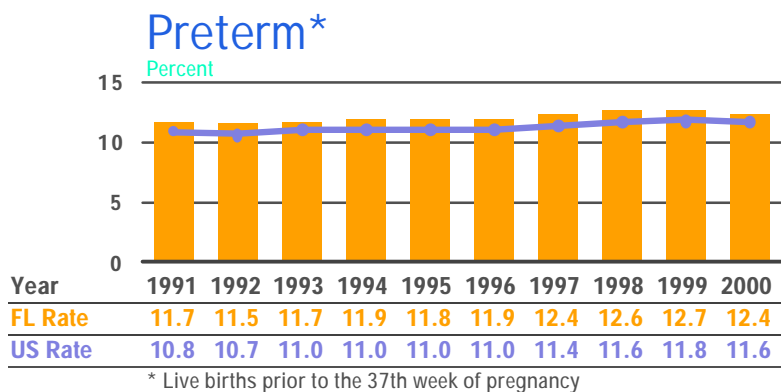
- In 2000, 76.6% of mothers received adequate or adequate plus prenatal care in Florida.
- Between 1991 and 2000, the percent of all mothers receiving adequate or adequate plus prenatal care increased nearly 13% in FL.
- Barriers to early and adequate prenatal care include: lack of health insurance; transportation or child care; inconvenient health care provider service hours; unplanned pregnancy; and cultural and personal factors.



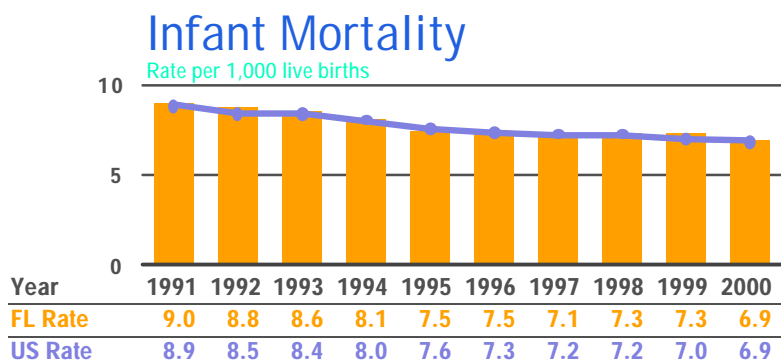
- In 2000, 8.0% of infants were born low birthweight (LBW) in Florida.
- Between 1991 and 2000, the proportion of all babies born LBW increased more than 8% in FL.
- Major risk factors for LBW include: multiple birth; preterm delivery; smoking; inadequate maternal nutrition; maternal age extremes; and short inter-pregnancy interval.



- In 2000, 12.4% of infants were born preterm in Florida.
- Between 1991 and 2000, the percentage of all babies born preterm increased 6% in FL.
- Major risk factors for preterm birth include: multiple birth; history of preterm delivery; stress; infection; bleeding; smoking; illicit drugs; and maternal age extremes.



- In 2000, the infant mortality rate (IMR) was 6.9 per 1,000 live births in Florida.
- Between 1991 and 2000, the IMR declined more than 23% in FL.
- Major contributors to infant mortality are: birth defects; prematurity/low birthweight; sudden infant death syndrome; and respiratory distress syndrome.



Health Indicators, Florida 1998-2000 Averages

	All	Maternal Race / Ethnicity			Maternal Age (years)			
		White, non-Hispanic	Black, non-Hispanic	Hispanic	<20	20-29	30-39	40+
Adequate/Adeq+ Prenatal Care	77.4%	81.9%	69.6%	74.2%	65.0%	76.5%	83.3%	81.4%
Low Birthweight	8.1%	6.9%	12.3%	6.5%	10.1%	7.5%	7.9%	11.1%
Preterm	12.6%	10.9%	17.6%	11.6%	15.0%	11.9%	12.4%	16.3%
Infant Mortality ¹	7.2	5.8	12.6	4.9	11.2	6.9	5.9	8.2

¹ Rate per 1,000 live births

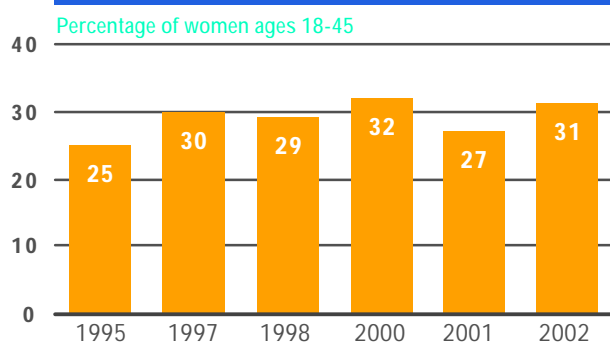
Birth Defects, United States

- In the United States, birth defects have been the leading cause of infant mortality for the past 20 years, accounting for 1 in 5 infant deaths.
- About 150,000 babies are born with a birth defect each year in the United States (about 4% of live births).
- Hospital charges for stays due to a birth defect averaged \$32,000 in 2000 for all birth defects and all ages. Associated costs of physician care and other outpatient medical services are not included in these figures.
- Estimated lifetime costs for babies born with birth defects total \$8 billion.

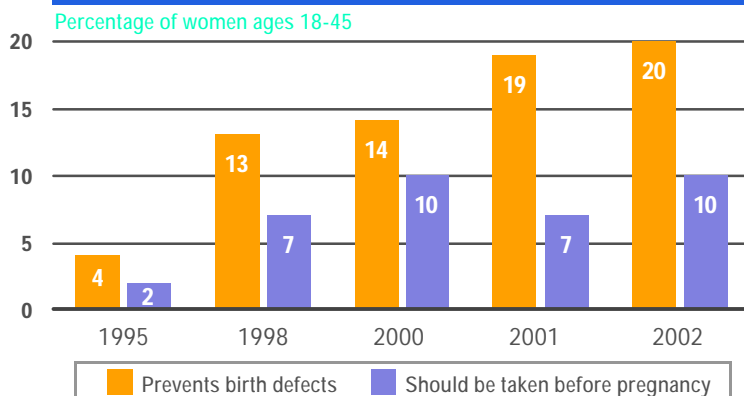
Folic Acid Knowledge and Behavior, United States

- Up to 70% of neural tube defects – birth defects of the brain and spinal cord – may be prevented if women consume 400 micrograms of folic acid daily, prior to and during the early weeks of pregnancy.
- In 2002, 31% of non-pregnant women surveyed reported taking a multivitamin containing folic acid daily. This was slightly higher than the rate of 27% in 2001.
- Of all women surveyed in 2002, those least likely to consume a vitamin containing folic acid daily include women ages 18-24 years, women who have not attended college, and women with annual household incomes under \$25,000.

Daily Use of Vitamin Containing Folic Acid Among Non-Pregnant Women



Folic Acid-Specific Knowledge



- In 2002, 80% of surveyed women reported having heard of folic acid, up from 52% in 1995.
 - 20% knew that folic acid helps to prevent birth defects, an increase from 4% in 1995.
 - 10% knew that it should be taken prior to pregnancy, up from 2% in 1995.
- Among women who were aware of folic acid, more than half reported learning about it from the media while only 25% cited their health care provider in 2002.

March of Dimes Folic Acid Surveys: Nationally representative telephone surveys conducted by the Gallup Organization, targeting approximately 2000 English-speaking women ages 18-45 each year. Margin of error is +/- 3%.

Selected Risk Indicators

- Among factors shown to contribute to adverse perinatal outcomes, here's how Florida compares to the United States.

	FL	US
Women who smoke ¹	22.1%	21.2%
Men who smoke ¹	24.5%	24.4%
Binge alcohol use among women ²	6.6%	7.0%
Gonorrhea among women ³	139.6	128.3
Chlamydia among women ³	354.2	404.0

2000 data, binge alcohol 2001

¹People ≥18 years who currently smoke and have ever smoked ≥100 cigarettes

²≥5 drinks on at least 1 occasion in past month among women ≥18 years

³Rate per 100,000 women

⁴Twin and higher-order births

⁵Based on the Adequacy of Prenatal Care Utilization Index (See Notes)

	FL	US
Women ages 15-44 below federal poverty level	14.1%	13.4%
Children under age 19 below federal poverty level	17.1%	15.9%

1999-2001 data

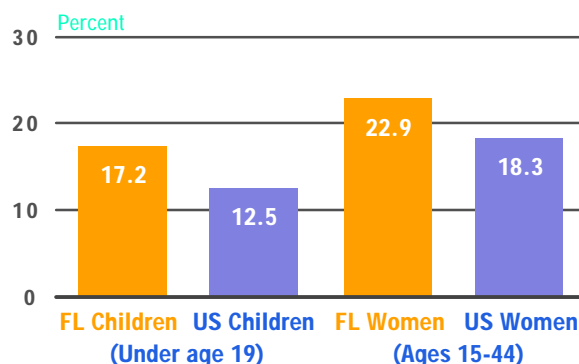
	FL	US
Births to women with less than 12 years of education	20.8%	21.7%
Multiple births ⁴	3.0%	3.1%
Inadequate prenatal care ⁵	10.9%	11.9%

2000 data

Health Insurance Coverage

- In Florida, 17.2% of children (under age 19) and 22.9% of women (ages 15-44) were uninsured (1999-2001 average), compared to 12.5% of children and 18.3% of women for the US.
- Medicaid and the State Children's Health Insurance Program (S-CHIP) are federal health insurance programs funded and operated jointly with the states. States may use S-CHIP funds to provide coverage for children by expanding Medicaid, and/or by creating a separate insurance program.
- While pregnant women, children and other nondisabled, nonelderly adults comprise 68% of all Medicaid enrollees in Florida, they account for only 24% of all Medicaid spending.
- In Florida, 43% of all births were funded by Medicaid in 1999.

Uninsured Children & Women*



*Uninsured Children & Women graph refers to 1999-2001 averages.

Title V Block Grant

- Title V of the Social Security Act has authorized the Maternal and Child Health Services Program since 1935 and is a major source of state funds for women of childbearing age, infants, and children with special health care needs.
- Title V consists of **block grants** to state health agencies on the basis of specified formulas, and **discretionary grants** referred to as Special Projects of Regional and National Significance.
- States must provide a three-dollar match for every four federal dollars allocated.
- Fiscal year 2002-2003 Maternal and Child Health Block Grant funds to Florida include \$20,097,022 from the federal government and \$324,106,888 in state matching funds.

Summary Rankings, 1998-2000 Averages

	Adequate/Adeq+				Infant Mortality			Adequate/Adeq+				Infant Mortality	
	Prenatal Care		Preterm		Rate*	Rank		Prenatal Care		Preterm		Rate*	Rank
	Percent	Rank	Percent	Rank				Percent	Rank	Percent	Rank		
Alabama	77.0	18	14.7	48	9.8	49	Montana	72.6	33	11.0	21	6.8	19
Alaska	68.3	42	10.3	11	6.3	12	Nebraska	73.2	31	11.1	23	7.0	25
Arizona	67.6	45	11.7	26	7.0	22	Nevada	67.6	43	12.7	40	6.7	18
Arkansas	69.4	40	13.4	45	8.4	42	New Hampshire	86.8	1	8.6	1	5.4	4
California	76.0	22	10.2	9	5.5	6	New Jersey	66.1	47	12.2	36	6.4	15
Colorado	69.9	38	11.1	22	6.5	16	New Mexico	56.4	51	11.8	30	6.9	21
Connecticut	86.4	2	10.2	10	6.5	17	New York	64.9	48	11.0	20	6.3	13
Delaware	71.6	35	12.7	41	8.8	45	North Carolina	81.8	6	12.9	43	9.0	46
District of Columbia	60.9	49	17.4	51	13.5	51	North Dakota	66.6	46	10.6	15	8.0	37
Florida	77.4	17	12.6	38	7.2	26	Ohio	76.9	20	11.8	29	7.9	36
Georgia	79.1	12	11.8	31	8.3	40	Oklahoma	69.0	41	11.9	32	8.5	43
Hawaii	75.3	25	11.3	24	7.4	30	Oregon	74.2	28	9.1	3	5.6	7
Idaho	71.7	34	10.0	8	7.2	27	Pennsylvania	70.8	36	11.0	19	7.2	28
Illinois	75.4	23	12.2	35	8.5	44	Rhode Island	84.7	3	10.9	18	6.4	14
Indiana	74.3	27	11.7	27	7.8	35	South Carolina	73.7	29	13.7	46	9.5	48
Iowa	80.0	8	10.6	14	6.2	10	South Dakota	75.4	24	10.8	16	7.8	34
Kansas	79.2	11	10.9	17	7.0	23	Tennessee	77.5	16	13.7	47	8.4	41
Kentucky	78.5	14	12.6	39	7.4	31	Texas	70.5	37	12.5	37	6.0	9
Louisiana	77.6	15	14.8	49	9.1	47	Utah	60.2	50	10.4	12	5.3	2
Maine	83.7	4	9.5	6	5.4	5	Vermont	67.6	44	8.7	2	6.3	11
Maryland	77.0	19	13.0	44	8.1	38	Virginia	79.9	9	12.0	33	7.2	29
Massachusetts	81.8	5	10.0	7	5.0	1	Washington	69.6	39	9.5	5	5.3	3
Michigan	79.4	10	11.6	25	8.1	39	West Virginia	78.7	13	12.7	42	7.6	33
Minnesota	73.5	30	9.4	4	5.9	8	Wisconsin	76.2	21	10.6	13	6.9	20
Mississippi	75.1	26	16.1	50	10.3	50	Wyoming	72.9	32	11.8	28	7.0	24
Missouri	80.4	7	12.1	34	7.5	32	Puerto Rico	69.3	--	14.6	--	10.2	--
							United States	74.4	--	11.7	--	7.0	--

Rankings are based on more than one decimal place.
A ranking of "1" refers to the "best" rank.

*Rate is per 1,000 live births

Selected County Data, 1997 - 2000 Averages

Low Birthweight¹ Rates

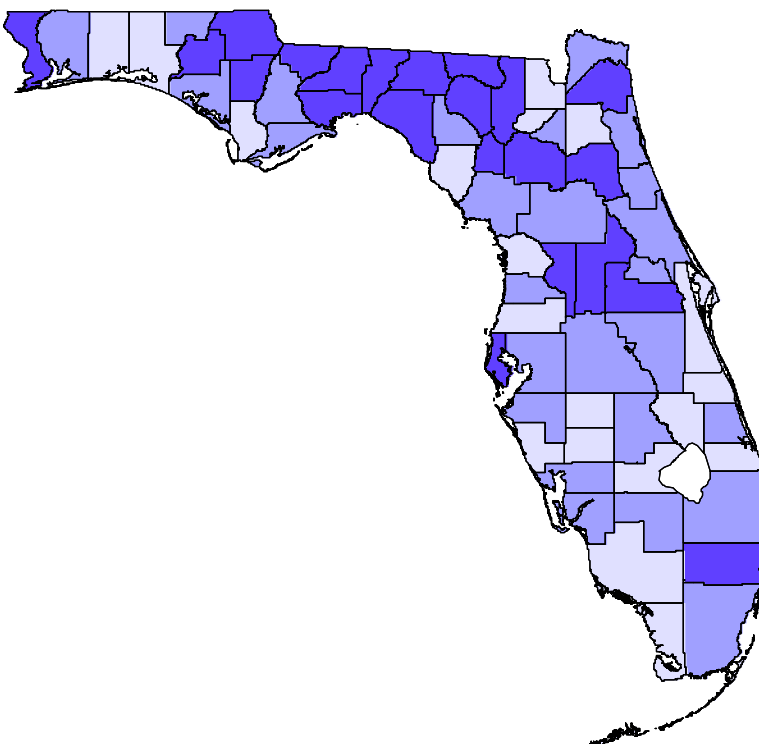
% of Live Births (# Counties)

Over 8.1%	(22)
7.4 - 8.1%	(26)
Under 7.4%	(19)

FL Total: 8.1%

¹ Less than 2,500 grams or 5 1/2 pounds.

Value ranges are based on an approximately equal number of counties in each range.



Inadequate Prenatal Care¹ Rates

% of Live Births (# Counties)

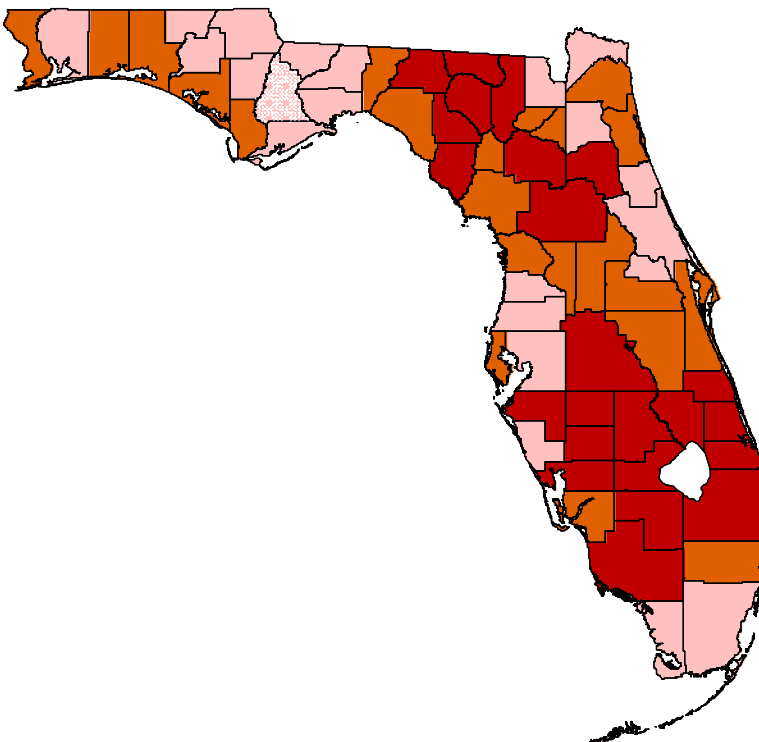
Over 11.6%	(23)
8.6 - 11.6%	(22)
Under 8.6%	(22)

FL Total: 10.7%

¹ According to the Adequacy of Prenatal Care Utilization Index (see notes).

Value ranges are based on an approximately equal number of counties in each range.

Patterned areas indicate counties with less than 20 births to mothers receiving inadequate prenatal care. Rates for these counties should be interpreted with caution.



Notes and Sources

Adequacy of Prenatal Care Utilization Index: classifies prenatal care received into 1 of 4 categories (inadequate, intermediate, adequate, and adequate plus) by combining information about the timing of prenatal care, the number of visits, and the infant's gestational age. Kotelchuck M. An evaluation of the Kessner Adequacy of Prenatal Care Index and a proposed Adequacy of Prenatal Care Utilization Index. *Am J Public Health* 1994; 84: 1414-1420. Unpublished analysis by the March of Dimes Perinatal Data Center using final natality data, National Center for Health Statistics.

Alcohol Use: Behavioral Surveillance Branch, National Center for Chronic Disease Prevention and Health Promotion. 2001 BRFSS Summary Prevalence Report. Department of Health and Human Services, Atlanta: Centers for Disease Control and Prevention (CDC). Aug 2002.

Birth Data: National Center for Health Statistics, final natality data. Includes data on the following indicators:

- Low and very low birthweight
- Preterm births
- Multiple births
- Prenatal care utilization
- Maternal age
- Maternal education

Population estimates for birth rates from US Bureau of the Census. Unpublished 1990- based estimates for 2000 population of states by age, sex, race, and Hispanic origin. May 2002.

Cost of Birth Defects: CDC. Economic costs of birth defects and cerebral palsy—United States, 1992. *MMWR* 1995; 44: 694-699.

Agency for Healthcare Research and Quality. 2002. Healthcare Cost and Utilization Project. March of Dimes tabulations using the HCUPnet 2000 Nationwide Inpatient Sample. Information obtained November 20, 2002. Available at www.ahrq.gov/data/hcup/hcupnet.htm.

Folic Acid Survey: March of Dimes. Folic acid and the prevention of birth defects: A national survey of pre-pregnancy awareness and behavior among women of childbearing age, 1995-2002. May 2002.

Health Insurance: US Bureau of the Census. Unpublished data from the March 2000-2002 Current Population Surveys. Sept 2002.

Infant Mortality: National Center for Health Statistics. Final mortality data, 1991-1994; and period linked birth/infant death data, 1995-2000.

Medicaid Covered Births: National Governors Association (NGA). MCH Update 2001: Trends in State Health Insurance Coverage of Pregnant Women, Children, and Parents. May 2002. Available at <http://www.nga.org/cda/files/MCHUPDATE2001.pdf>. (Nov 2002).

Medicaid Enrollees and Spending: Centers for Medicare and Medicaid Services. Medicaid Program Statistics. Available at <http://www.cms.hhs.gov/medicaid/msis/mstats.asp>. (Nov 2002).

Poverty: US Bureau of the Census. Unpublished data from the March 2000-2002 Current Population Surveys, Sept 2002.

Prenatal Care Barriers: McCormick MC, Siegel JC (eds). *Prenatal Care: Effectiveness and Implementation*. Cambridge, UK: Cambridge University Press, 1999.

Sexually Transmitted Diseases: Division of STD Prevention. Sexually Transmitted Disease Surveillance, 2000. Department of Health and Human Services, Atlanta: CDC. Sept 2001.

Smoking: State-specific prevalence of current cigarette smoking among adults, and policies and attitudes about second hand smoke - United States, 2000. *MMWR* 2001; 50(49) 1101-1106.

Title V Funding: Maternal and Child Health Bureau. Federal-State Title V Block Grant Partnership Budget FY 2003. Available at <http://205.153.240.79/search/financial/finsch01.asp>. (Nov 2002).

Year 2010 Objectives: US Department of Health and Human Services, *Healthy People 2010* (Second edition, Vol. II, Chap. 16. Maternal, Infant, and Child Health). Washington, DC: 2000. Available at www.health.gov/healthypeople/.

For additional perinatal statistics:

Visit www.marchofdimes.com/peristats or call the March of Dimes Pregnancy & Newborn Health Education Center at 1-888-MODIMES

January 2003

Questions about content? Contact the March of Dimes Perinatal Data Center at 914-997-4549 or PerinatalDataCenter@marchofdimes.com

Additional perinatal statistics available at: www.marchofdimes.com/peristats



The mission of the March of Dimes is to improve the health of babies by preventing birth defects and infant mortality.
