

Infant Mortality and the Geography of Hospital Levels of Care in Michigan

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Over the last decade birth rates in Michigan and the United States have steadily declined while infant mortality rates (infant deaths < 1 year per 1,000 live births) have remained elevated (6.5 and 5.4 in 2022). Infant mortality rates among Black women are particularly high in Michigan (13.0) and the U.S. (10.7). There are two time periods in the first year of life when the event of death is most likely to occur among at-risk infants -i.e., the first 6-days while in the hospital (early neonatal period) or days 29-364 after the mother and infant have returned home (post-neonatal period). Hospitals in Michigan are defined by their level of care and services provided with level-1 hospitals providing basic obstetric care services, level-2 hospitals providing acute obstetric care services, which may or may not include a neonatal intensive care unit (NICU) and level-3 hospitals providing acute obstetric care services and a certified NICU. The purposes of this study are to (a) learn the hospital level of care that mothers gave birth (admitted or transferred) in Michigan, 2010-2022, (b) whether the birthing hospital level of care was appropriate for at-risk mothers and/or infants based on factors pertaining to increased susceptibility and/or vulnerability, and (c) the contribution of birthing hospital level of care on infant mortality in the early neonatal and/or post-neonatal periods. The findings from this study will inform the Infant Mortality Taskforce in Michigan, other infant mortality programs in states and infant mortality initiatives within and across Health and Human Service Regions.

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