

Healthy Growth and Development

According to *Healthiest Wisconsin 2020*, healthy growth and development “requires family-centered, community-based, culturally competent, coordinated care and support throughout the life course during preconception and prenatal periods, infancy, childhood, adolescence, and adulthood.”

Healthiest Wisconsin 2020 Healthy Growth and Development Objectives

- Assure children receive periodic developmental screening
- Improve women’s health for healthy babies
- Reduce disparities in health outcomes

Birth and Infant Mortality in Wisconsin

Prematurity and Low Birthweight – 2014 Data

In 2014:

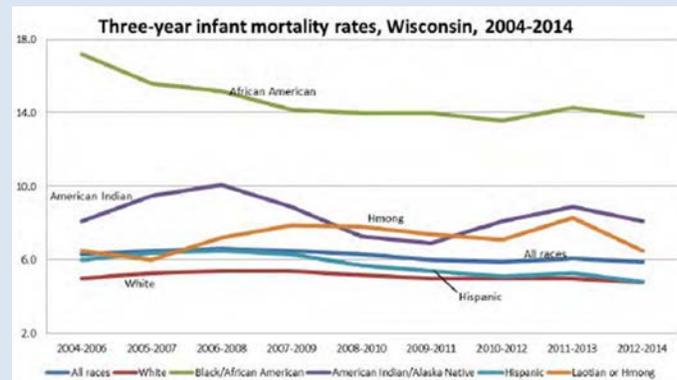
- 6,137 Wisconsin infants born prematurely (gestation of less than 37 weeks), or 9.1 percent of all births
- 4,925 Wisconsin infants were low birthweight (weighed less than ~5.5 pounds at birth), or 7.3 percent of all births
- Nationally, low birthweight accounts for 8 percent of all infants born
- 891, or 1.3 percent of all births, were born at very low birthweight (weighed less than ~3.3 pounds at birth)

The March of Dimes aims to reduce preterm births to 8.1 percent by 2020. They recently gave Wisconsin a grade of “B” for its preterm birth rate, 9.2 percent. However, there is variation across the state; Milwaukee earned a D for its rate of 10.8 percent, while Green Bay and Madison each received an A for rates of approximately 8 percent.¹

Infant Mortality

In 2014:

- 380 Wisconsin infants died under the age of one year
- Almost three-quarters of the deaths were neonatal (infant lived less than 28 days)
- 317 fetal deaths recorded; fetal deaths or stillbirths are reported if the fetus reached 20 weeks of gestation or 350 grams
- Infant mortality rate was 5.7 infant deaths per 1,000 live births (down from 6.2 in 2013 and 6.0 in 2004); the 2013 US rate was 6.0
- Infant mortality rate was 10.3 per 1,000 births for teens aged less than 20



Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. *Annual Wisconsin Birth and Infant Mortality Report, 2014* (P-01161-15). November 2015.

The 2012-2014 three-year rolling average infant mortality rates were calculated for major race/ethnicity groups (number of infant deaths per 1,000 births):

- Hispanic/Latino – 4.8
- White – 4.8
- Laotian/Hmong – 6.5
- American Indian/Alaska Native – 8.1 Black/African American – 13.8

Pregnancy

According to 2013 Wisconsin PRAMS data:²

- 38 percent of new mothers did not intend pregnancy
- 46 percent of mothers with unintended pregnancies reported doing nothing to prevent pregnancy
- 31 percent did not mind becoming pregnant
- 27 percent thought they could not become pregnant

According to a PRAMS report on “What Moms Tell Us” in 2013, “moms were more likely to report an unintended pregnancy if they were non-Hispanic black, under 20 years old, unmarried, of low education attainment, making less than \$10,000 annually, or on BadgerCare Plus at the time of delivery”.³

Table 2. Maternal Behaviors and Experiences Associated with Pregnancy Intention, Wisconsin PRAMS, 2009-2010[†]

Maternal Behaviors	Intended Percent	C.I.	Unintended Percent	C.I.
Daily multivitamin in month before pregnancy	46	±3	15	±3
Physical abuse by partner in 12 months before pregnancy	2	±1	6	±2
Prenatal care in first trimester	89	±2	77	±4
Smoking in 3 mo. before preg.	22	±3	34	±4
Smoking in last 3 mo. of preg.	9	±2	20	±4
Stresses during pregnancy (6+)	3	±1	9	±2
Post-partum depressive symptoms	9	±2	15	±3
Ever breastfeeding	85	±2	78	±4
Breastfed at least one month	74	±3	66	±4
Placing infant on back to sleep	82	±3	76	±4
Periodic or frequent bedsharing	28	±3	33	±4

[†]p-value for chi-square <0.05

Source: Wisconsin Department of Health Services, Division of Public Health. Wisconsin PRAMS (P-00471). 2013.

Wisconsin Programs to Promote Healthy Growth and Development

Birth to 3 Program

Wisconsin’s early intervention program for infants and toddlers with developmental delays or disabilities and their families. Eligibility is based on a diagnosed disability or significant delay in one or more areas of development.

Children and Youth with Special Health Care Needs Program (CYSHCN)

The CYSHC program promotes quality care for children and youth with special health care needs in Wisconsin.

Newborn Screening Program

Newborns in Wisconsin are screened for 46 disorders, including hearing loss and critical congenital heart disease (CCHD). The screening program’s role is to help ensure that the program succeeds in screening, diagnosing and treating all Wisconsin newborns for certain conditions.

Prenatal Care Coordination

Prenatal Care Coordination (PNCC) is a Medicaid and Badger Care Plus benefit that helps pregnant women get the support and services they need to have a healthy baby.

What’s Being Done

- ✓ Prenatal Care Coordination (PNCC) – Medicaid and BadgerCare Plus benefit
- ✓ Wisconsin Healthiest Women Initiative
- ✓ Wisconsin First Step
- ✓ Maternal and Child Health Hotline
- ✓ Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality

What Can Be Done

- Increase rate of annual preventive medical visit for women and adolescents

¹ March of Dimes 2015 Premature Birth Report Card

² Wisconsin Department of Health Services, Division of Public Health. Wisconsin PRAMS (P-00471). 2013.

³ Wisconsin Department of Health Services, Division of Public Health. Wisconsin PRAMS (P-00471). 2013.