

CHAPTER 26

Maternal, Infant, and Child Health (MICH)

Lead Agencies

Centers for Disease Control and Prevention
Health Resources and Services Administration

Contents

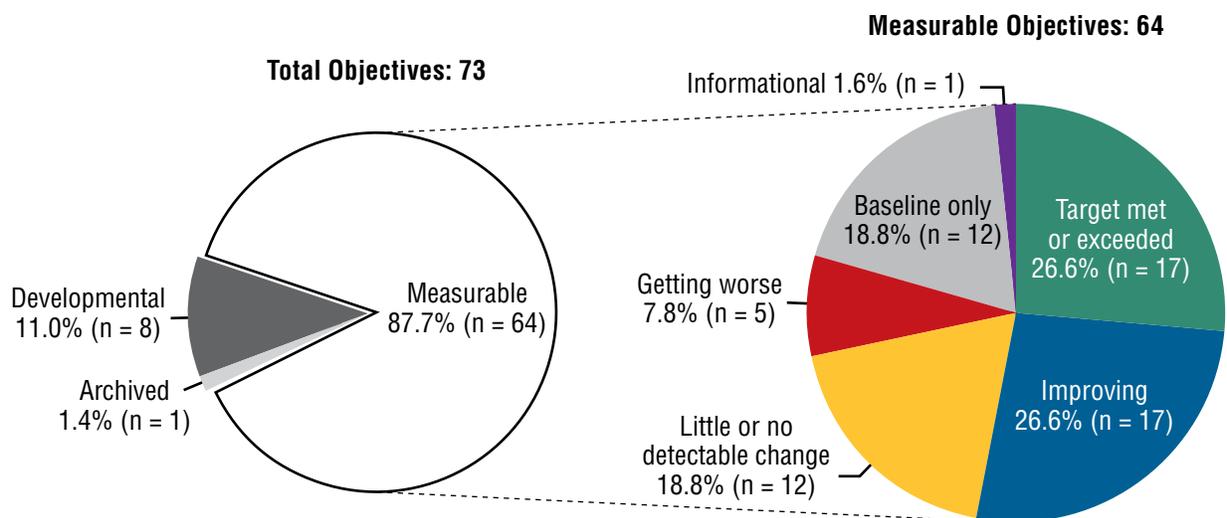
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Goal: Improve the health and well-being of women, infants, children, and families.

This chapter includes objectives that monitor maternal, infant, child and young adult morbidity and mortality; pregnancy, preconception, and postpartum health and behaviors; infant care; disability and other impairments; and health services for children. The [Reader's Guide](#) provides a step-by-step explanation of the content of this chapter, including criteria for highlighting objectives in the Selected Findings.¹

Status of Objectives

Figure 26-1. Status of the Maternal, Infant, and Child Health Objectives



Of the 73 objectives in the Maternal, Infant, and Child Health Topic Area, 1 objective was archived,² 8 were developmental,³ and 64 were measurable⁴ (Figure 26-1, Table 26-1). The midcourse status of the measurable objectives was as follows (Table 26-2):

- 17 objectives had met or exceeded their 2020 targets,⁵
- 17 objectives were improving,⁶
- 12 objectives had demonstrated little or no detectable change,⁷
- 5 objectives were getting worse,⁸
- 12 objectives had baseline data only,⁹ and
- 1 objective was informational.¹⁰

Selected Findings

Morbidity and Mortality

The 25 objectives in this section monitor fetal, perinatal, and infant mortality; deaths of children, adolescents, and young adults; maternal mortality, morbidity, and procedures; and low birth weight and preterm births.

Fetal, Perinatal, and Infant Mortality

Six of the 10 objectives monitoring fetal, perinatal, and infant mortality had met or exceeded their 2020 targets, 3 had improved, and 1 demonstrated little or no detectable change.

- Between 2005 and 2013, **fetal deaths of 20 or more weeks of gestation** (MICH-1.1) had declined from 6.2 to 6.0 per 1,000 live births and fetal deaths. **Perinatal deaths of 28 weeks of gestation to less than 7 days after birth** (MICH-1.2) had declined from 6.6 to 6.2 per

1,000 live births and fetal deaths, moving toward their respective 2020 targets (Table 26–2).

- » In 2013, there were statistically significant disparities by infant’s sex and mother’s race and ethnicity in the fetal death rate (MICH-1.1, Table 26–3). The disparity by geographic location was not statistically significant.
- » In 2013, there were statistically significant disparities by infant’s sex, mother’s race and ethnicity, and geographic location in the perinatal death rate (MICH-1.2, Table 26–3).
- Between 2006 and 2013, **all infant deaths** (MICH-1.3, under age 1 year) declined from 6.7 to 6.0 deaths per 1,000 live births, meeting the 2020 target. **Neonatal deaths** (MICH-1.4, under age 28 days) declined from 4.5 to 4.0 per 1,000 live births; **postneonatal deaths** (MICH-1.5, aged 28 days to under 1 year) declined from 2.2 to 1.9 per 1,000 live births; **infant deaths due to birth defects** (MICH-1.6, under age 1 year) declined from 1.4 to 1.2 per 1,000 live births; **infant deaths due to congenital heart defects** (MICH-1.7, under age 1 year) declined from 0.38 to 0.33 per 1,000 live births; and **infant deaths due to sudden infant death syndrome** (MICH-1.8, under age 1 year) declined from 0.55 to 0.40 per 1,000 live births, exceeding their respective 2020 targets (Table 26–2).
 - » Infant mortality rates (MICH-1.3) varied by state. In 2013, 24 states had achieved the national target for all infant deaths (Map 26–1).
 - » In 2013, there were statistically significant disparities by the infant’s sex and mother’s race and ethnicity in the rates of all infant deaths (MICH-1.3), neonatal deaths (MICH-1.4), postneonatal deaths (MICH-1.5), infant deaths due to birth defects (MICH-1.6), and infant deaths due to sudden infant death syndrome (MICH-1.8) (Table 26–3).
 - » In 2013, there was a statistically significant disparity by infant’s sex in the rate of infant deaths due to congenital heart defects (MICH-1.7, Table 26–3). The disparity by race and ethnicity was not statistically significant.
- **Infant deaths due to sudden unexpected or unexplained causes** (MICH-1.9, under age 1 year) declined from 0.93 deaths per 1,000 live births in 2006 to 0.87 in 2013, moving toward the 2020 target (Table 26–2).
 - » In 2013, there were statistically significant disparities by infant’s sex and mother’s race and ethnicity in the rate of infant deaths due to sudden

unexpected or unexplained causes (MICH-1.9, Table 26–3).

- There was little or no detectable change (48.6 per 1,000 population in 2005–2006 and 48.8 in 2009–2010) in the rate of **deaths among infants under age 1 year with Down syndrome** (MICH-2, Table 26–2).
 - » In 2009–2010, the rate of deaths among infants with Down syndrome was not tested for statistical significance by race and ethnicity (MICH-2, Table 26–3).

Deaths of Children, Adolescents, and Young Adults

The five objectives monitoring childhood, adolescent, and young adult deaths had met or exceeded their 2020 targets.

- Between 2007 and 2013, **deaths of children, adolescents, and young adults** per 100,000 population declined: for **children aged 1–4 years** (MICH-3.1) from 29.4 to 25.5; for **children aged 5–9 years** (MICH-3.2) from 13.8 to 11.8; for **adolescents aged 10–14** (MICH-4.1) from 16.5 to 14.1; for **adolescents aged 15–19** (MICH-4.2) from 60.3 to 44.8; and for **young adults aged 20–24** (MICH-4.3) from 98.1 to 83.4, exceeding their respective 2020 targets (Table 26–2).
 - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the death rates for children aged 1–4 years (MICH-3.1), children aged 5–9 years (MICH-3.2), adolescents aged 10–14 (MICH-4.1), adolescents aged 15–19 (MICH-4.2), and young adults aged 20–24 (MICH-4.3) (Table 26–3).

Maternal Mortality, Morbidity, and Procedures

One of the four objectives monitoring maternal mortality, morbidity, and procedures demonstrated little or no detectable change. Only baseline data were available for three objectives, so progress toward their 2020 targets could not be assessed.

- Only baseline data were available for the **maternal mortality rate** (MICH-5: 12.7 maternal deaths per 100,000 live births in 2007), so progress toward the 2020 target could not be assessed (Table 26–2).
 - » In 2007, there was a statistically significant disparity by race and ethnicity in the maternal mortality rate (MICH-5, Table 26–3). The disparity by geographic location was not statistically significant).

- There was little or no detectable change (31.1 per 100 deliveries in 2007 and 31.3 in 2010) in the rate of **maternal complications during hospitalized labor and delivery** (MICH-6, Table 26–2).
 - » In 2010, there was a statistically significant disparity by race and ethnicity in the rate of maternal complications during hospitalized labor and delivery (MICH-6, Table 26–3).
- Only baseline data were available for the rate of **cesarean births among low-risk women with no prior cesarean births** (MICH-7.1: 26.5% in 2007), and **cesarean births among low-risk women with a prior cesarean birth** (MICH-7.2: 90.8% in 2007), so progress toward the 2020 targets could not be assessed (Table 26–2).
 - » In 2007, there were statistically significant disparities by the infant’s sex, mother’s race and ethnicity, and geographic location in the rates of cesarean births among low-risk women with no prior cesarean births (MICH-7.1) and among those with a prior cesarean birth (MICH-7.2) (Table 26–3).

Low Birth Weight and Preterm Births

Three of the six objectives monitoring low birth weight and preterm births had met or exceeded their 2020 targets, and three had improved.

- The proportion of **live births born at low birth weight (less than 2,500 grams)** (MICH-8.1) decreased from 8.2% in 2007 to 8.0% in 2013, moving toward the 2020 target (Table 26–2).
 - » In 2013, there were statistically significant disparities by the infant’s sex and mother’s race and ethnicity in the proportion of live births born at low birth weight (MICH-8.1, Table 26–3). The disparity by geographic location was not statistically significant.
- The proportion of **live births born at very low birth weight (less than 1,500 grams)** (MICH-8.2) decreased from 1.5% in 2007 to 1.4% in 2013, meeting the 2020 target (Table 26–2).
 - » In 2013, there were statistically significant disparities by the infant’s sex, mother’s race and ethnicity, and geographic location in the proportion of live births born at very low birth weight (MICH-8.2, Table 26–3).
- Between 2007 and 2013, **total preterm live births, (less than 37 completed weeks of gestation)** (MICH-9.1) decreased from 12.7% to 11.4% and **late preterm live births, (34–36 weeks of gestation)** (MICH-9.2)

- decreased from 9.0% to 8.0%, meeting and exceeding their respective 2020 targets (Table 26–2).
 - » Preterm births (MICH-9.1) varied by state. In 2013, 26 states had achieved the national target for total preterm live births (less than 37 completed weeks of gestation) (Map 26–2).
 - » In 2013, there were statistically significant disparities by the infant’s sex, mother’s race and ethnicity, and geographic location in the proportions of live births that were preterm (MICH-9.1, less than 37 completed weeks of gestation) and those that were late preterm (MICH-9.2, 34–36 weeks of gestation) (Table 26–3).
- Between 2007 and 2013, **preterm live births at 32–33 weeks of gestation** (MICH-9.3) decreased from 1.6% to 1.5%, and **very preterm live births, (less than 32 weeks of gestation)** (MICH-9.4) decreased from 2.0% to 1.9%, moving toward their respective 2020 targets (Table 26–2).
 - » In 2013, there were statistically significant disparities by the infant’s sex, mother’s race and ethnicity, and geographic location in the proportion of live births that were preterm at 32–33 weeks of gestation (MICH-9.3) and those that were very preterm, less than 32 weeks of gestation (MICH-9.4) (Table 26–3).

Pregnancy Health and Behaviors

One of the six measurable objectives monitoring pregnancy health and behaviors had improved, and two demonstrated little or no detectable change. Three objectives had baseline data only, so progress toward their 2020 targets could not be assessed.

- Only baseline data were available for the proportion of **pregnant women who began prenatal care in the first trimester** (MICH-10.1: 70.8% in 2007) and the proportion of **pregnant women who received early and adequate prenatal care** (MICH-10.2: 70.5% in 2007), so progress toward their 2020 targets could not be assessed (Table 26–2).
 - » In 2007, there were statistically significant disparities by the infant’s sex, mother’s race and ethnicity, and geographic location in the proportion of pregnant women who began prenatal care in the first trimester (MICH-10.1, Table 26–3).
 - » In 2007, there were statistically significant disparities by the infant’s sex and mother’s race and ethnicity in the proportion of pregnant women who received early and adequate prenatal care

(MICH-10.2, Table 26-3). The disparity by geographic location was not statistically significant.

- There was little or no detectable change (89.4% in 2007–2008 and 90.6% in 2012–2013) in the proportion of **pregnant women aged 15–44 who abstained from alcohol in the past 30 days** (MICH-11.1, Table 26-2).
 - » In 2012–2013, disparities by race and ethnicity, education, family income, and geographic location in the proportion of pregnant women aged 15–44 who abstained from alcohol in the past 30 days (MICH-11.1) were not statistically significant (Table 26-3).
- The proportion of **pregnant women aged 15–44 who abstained from binge drinking in the past 30 days** (MICH-11.2) increased from 95.0% in 2007–2008 to 97.2% in 2012–2013, moving toward the 2020 target (Table 26-2).
 - » In 2012–2013, disparities by race and ethnicity, education, family income, and geographic location in the proportion of pregnant women aged 15–44 who abstained from binge drinking in the past 30 days (MICH-11.2) were not statistically significant (Table 26-3).
- Only baseline data were available for the proportion of **pregnant women who abstained from cigarette smoking during pregnancy** (MICH-11.3: 89.6% in 2007), so progress toward the 2020 target could not be assessed (Table 26-2).
 - » In 2007, there were statistically significant disparities by mother’s race and ethnicity and geographic location in the proportion of pregnant women who abstained from cigarette smoking during pregnancy (MICH-11.3, Table 26-3). The disparity by the infant’s sex was not statistically significant.
- There was little or no detectable change (94.8% in 2007–2008 and 94.6% in 2012–2013) in the proportion of **pregnant women aged 15–44 who abstained from illicit drug use in the past 30 days** (MICH-11.4, Table 26-2).
 - » In 2012–2013, there was a statistically significant disparity by geographic location in the proportion of pregnant women aged 15–44 who abstained from illicit drug use in the past 30 days (MICH-11.4, Table 26-3). The disparities by race and ethnicity and family income were not statistically significant.

Preconception Health and Behaviors

One of the eight measurable objectives monitoring preconception health and behaviors had improved, two demonstrated little or no detectable change, and two had worsened. Three objectives had baseline data only, so progress toward their 2020 targets could not be assessed.

- There was little or no detectable change (23.8% in 2003–2006 and 22.8% in 2007–2010) in the proportion of **nonpregnant women aged 15–44 who consumed 400 µg or more of folic acid daily** (MICH-14, Table 26-2).
 - » In 2007–2010, there were statistically significant disparities by race and ethnicity, education, and family income in the proportion of nonpregnant women aged 15–44 who consumed 400 µg or more of folic acid daily (MICH-14, Table 26-3). The disparity by activity limitations was not statistically significant.
- Only baseline data were available for the proportion of **nonpregnant women aged 15–44 who had lower (below the 25th percentile) red blood cell (RBC) folate concentrations** (MICH-15: 24.9% in 2007–2010), so progress toward the 2020 target could not be assessed (Table 26-2).
 - » In 2007–2010, there were statistically significant disparities by race and ethnicity, education, family income, and activity limitations in the proportion of nonpregnant women aged 15–44 who had lower (below 25th percentile) RBC folate concentrations (MICH-15, Table 26-3).
- The proportion of **women delivering a live birth who took daily multivitamins/folic acid in the month prior to pregnancy** (MICH-16.2) increased from 30.3% in 2007 to 33.0% in 2011, moving toward the 2020 target (Table 26-2).
 - » In 2011, there were statistically significant disparities by race and ethnicity, education, and family income in the proportion of women delivering a live birth who took daily multivitamins/folic acid in the month prior to pregnancy (MICH-16.2, Table 26-3).
- Only baseline data were available for the proportion of **women delivering a live birth who did not smoke in the 3 months prior to pregnancy** (MICH-16.3: 79.8% in 2011), so progress toward the 2020 target could not be assessed (Table 26-2).
 - » In 2011, there were statistically significant disparities by race and ethnicity, education, and family income in the proportion of women

delivering a live birth who did not smoke in the 3 months prior to pregnancy (MICH-16.3, Table 26–3).

- Between 2007 and 2011, the proportion of **women delivering a live birth who did not drink alcohol in the 3 months prior to pregnancy** (MICH-16.4) decreased from 50.6% to 48.7%, and the proportion of **women delivering a live birth who had a healthy weight prior to pregnancy** (MICH-16.5) decreased from 52.5% to 51.0%, moving away from their respective baselines and 2020 targets (Table 26–2).
 - » In 2011, there were statistically significant disparities by race and ethnicity, education, and family income in the proportion of women delivering a live birth who did not drink alcohol in the 3 months prior to pregnancy (MICH-16.4) and the proportion who had a healthy weight prior to pregnancy (MICH-16.5) (Table 26–3).
- Only baseline data were available for the proportion of **women delivering a live birth who used postpartum contraception** (MICH-16.6: 88.6% in 2011), so progress toward the 2020 target could not be assessed (Table 26–2).
 - » In 2011, there was a statistically significant disparity by race and ethnicity in the proportion of women delivering a live birth who used postpartum contraception (MICH-16.6, Table 26–3). The disparities by education and family income were not statistically significant.
- There was little or no detectable change (12.7% in 2002 and 12.8% in 2011–2013) in the proportion of **women aged 18–44 with impaired fecundity** (MICH-17.1, Table 26–2).
 - » In 2011–2013, there was a statistically significant disparity by disability status in the proportion of women aged 18–44 with impaired fecundity (MICH-17.1, Table 26–3). The disparities by race and ethnicity, education, family income, and geographic location were not statistically significant.

Postpartum Health and Behavior

- Only baseline data were available for the proportion of **women delivering a live birth who quit smoking during pregnancy and relapsed after delivery** (MICH-18: 42.4% in 2011), so progress toward the 2020 target could not be assessed (Table 26–2).
 - » In 2011, there were statistically significant disparities by race and ethnicity, education, and family income in the proportion of women delivering a live birth who quit smoking during pregnancy and relapsed after delivery (MICH-18, Table 26–3).

Infant Care

All nine of the objectives monitoring infant care had improved.

- The proportion of **infants under age 8 months who were put to sleep on their backs** (MICH-20) increased from 68.9% in 2007 to 74.2% in 2011, moving toward the 2020 target (Table 26–2).
 - » In 2011, there were statistically significant disparities by race and ethnicity, mother’s education, and family income in the proportion of infants under age 8 months who were put to sleep on their backs (MICH-20, Table 26–3).
- Among children born in 2006 and 2011, the proportion of **infants who were ever breastfed** (MICH-21.1) increased from 74.0% to 79.2%; the proportion of **infants breastfed at age 6 months** (MICH-21.2) increased from 43.5% to 49.4%; the proportion of **infants breastfed at age 1 year** (MICH-21.3) increased from 22.7% to 26.7%; the proportion of **infants breastfed exclusively through age 3 months** (MICH-21.4) increased from 33.6% to 40.7%; and the proportion of **infants breastfed exclusively through age 6 months** (MICH-21.5) increased from 14.1% to 18.8%, moving toward their respective 2020 targets (Table 26–2).
 - » Among children born in 2011, there were statistically significant disparities by infant’s race and ethnicity, mother’s education, family income, and geographic location in the proportions of infants who were ever breastfed (MICH-21.1) and those who were breastfed at age 6 months (MICH-21.2) (Table 26–3). The disparities by infant’s sex were not statistically significant.
 - » Among children born in 2011, there were statistically significant disparities by infant’s race and ethnicity, mother’s education, and family income in the proportions of infants who were breastfed at age 1 year (MICH-21.3) and those who were breastfed exclusively at age 3 months (MICH-21.4) (Table 26–3). The disparities by infant’s sex and geographic location were not statistically significant.
 - » Among children born in 2011, there were statistically significant disparities by mother’s education, family income, and geographic location in the proportion of infants who were breastfed exclusively at age 6 months (MICH-21.5, Table 26–3). The disparities by infant’s sex and race and ethnicity were not statistically significant.

- The proportion of **employers with worksite lactation support programs** (MICH-22) increased from 25% in 2009 to 28% in 2014, moving toward the 2020 target (Table 26-2).
 - The proportion of **breastfed newborns who received formula supplementation in the first 2 days of life** (MICH-23) decreased from 24.2% among children born in 2006 to 19.4% among children born in 2011, moving toward the 2020 target (Table 26-2).
 - » Among children born in 2011, there were statistically significant disparities by infant's race and ethnicity, mother's education and family income in the proportion of breastfed newborns who received formula supplementation in the first 2 days of life (MICH-23, Table 26-3). The disparities by infant's sex and geographic location were not statistically significant.
 - The proportion of **live births that occurred in facilities that provided recommended care for lactating mothers and their babies** (MICH-24) increased from 2.9% in 2009 to 7.8% in 2014, moving toward the 2020 target (Table 26-2).
 - » The proportion of live births that occurred in facilities that provided recommended care for lactating mothers and their babies (MICH-24) varied by state. In 2014, 17 states and the District of Columbia had achieved the national target (Map 26-3).
- ## Disability and Other Impairments
- Three of the eight measurable objectives monitoring disability and other impairments had met or exceeded their 2020 targets, and three demonstrated little or no detectable change. Only baseline data were available for one objective, so progress toward the 2020 target could not be assessed. One objective was tracked for informational purposes only.
- A target was not set for the **fetal alcohol syndrome rate** (MICH-25: 3.6 cases per 10,000 live births in 2001-2004) (Table 26-2).
 - » In 2001-2004, the disparity by race and ethnicity in the fetal alcohol syndrome rate was not tested for statistical significance (MICH-25, Table 26-3).
 - There was little or no detectable change (50.0% in 2006 and 47.9% in 2008) in the proportion of **children aged 8 years with cerebral palsy who were born at low birth weight (less than 2,500 grams)** (MICH-27, Table 26-2).
 - » In 2008, the disparities by sex, race and ethnicity, and mother's education in the proportion of children aged 8 years with cerebral palsy who were born at low birth weight (MICH-27) were not statistically significant (Table 26-3).
 - Between 2005-2006 and 2010, **cases of spina bifida** (MICH-28.1) declined from 34.2 to 30.5 per 100,000 live births, and **cases of anencephaly** (MICH-28.2) declined from 24.6 to 12.8 per 100,000 live births, exceeding their respective 2020 targets (Table 26-2).
 - » In 2010, the disparities by race and ethnicity in the rates of spina bifida (MICH-28.1) and anencephaly (MICH-28.2) were not tested for statistical significance (Table 26-3).
 - The proportion of **children aged 10-35 months who were screened for autism spectrum disorder and other developmental delays in the past year** (MICH-29.1) increased from 22.6% in 2007 to 38.0% in 2011-2012, exceeding the 2020 target (Table 26-2).
 - » In 2011-2012, the disparities by sex, race and ethnicity, family income, and geographic location in the proportion of children aged 10-35 months who were screened for autism spectrum disorder and other developmental delays in the past year (MICH-29.1) were not statistically significant (Table 26-3).
 - There was little or no detectable change (42.7% in 2006 and 43.8% in 2010) in the proportion of **children aged 8 years with autism spectrum disorder who received a first evaluation by age 36 months** (MICH-29.2, Table 26-2).
 - » In 2010, the disparities by sex and race and ethnicity in the proportion of children aged 8 years with autism spectrum disorder who received a first evaluation by age 36 months (MICH-29.2) were not statistically significant (Table 26-3).
 - There was little or no detectable change (52.4% in 2006 and 52.0% in 2010) in the proportion of **children aged 8 years with autism spectrum disorder living in Metropolitan Atlanta who were enrolled in special services by age 48 months** (MICH-29.3, Table 26-2).
 - » In 2010, the disparities by sex and race and ethnicity in the proportion of children aged 8 years with autism spectrum disorder living in Metropolitan Atlanta who were enrolled in special services by age 48 months (MICH-29.3) were not statistically significant (Table 26-3).

Health Services

Three of the seven objectives monitoring health services showed little or no detectable change, and three had worsened. Only baseline data were available for one objective, so progress toward the 2020 target could not be assessed.

- The proportion of **children under age 18 years who had access to a medical home** (MICH-30.1) declined from 57.5% in 2007 to 54.4% in 2011–2012, moving away from the baseline and 2020 target (Table 26–2).
 - » The proportion of children under age 18 years who had access to a medical home (MICH-30.1) varied by state (Map 26–4).
 - » In 2011–2012, there were statistically significant disparities by sex, race and ethnicity, family income, and geographic location in the proportion of children under age 18 years who had access to a medical home (MICH-30.1, Table 26–3).
- The proportion of **children under age 18 years with special health care needs who had access to a medical home** (MICH-30.2) declined from 47.1% in 2005–2006 to 43.0% in 2009–2010, moving away from the baseline and 2020 target (Table 26–2).
 - » In 2009–2010, there were statistically significant disparities by parent’s education and family income in the proportion of children under age 18 years with special health care needs who had access to a medical home (MICH-30.2, Table 26–3). Disparities by sex, race and ethnicity, and geographic location were not statistically significant.
- Between 2005–2006 and 2009–2010, there was little or no detectable change in the proportion of **children with special health care needs who received care in family-centered, coordinated systems: children aged 0–11 years** (MICH-31.1: 20.4% and 20.1%) and **children aged 12–17 years** (MICH-31.2: 13.8% and 13.6%) (Table 26–2).
 - » In 2009–2010, there were statistically significant disparities by race and ethnicity, parent’s education, and family income in the proportion of children aged 0–11 years with special health care needs who received care in family-centered, coordinated systems (MICH-31.1, Table 26–3). The disparities by sex and geographic location were not statistically significant.
 - » In 2009–2010, there were statistically significant disparities by race and ethnicity, parent’s education, family income, and geographic location in the proportion of children aged 12–17 years with special

health care needs who received care in family-centered, coordinated systems (MICH-31.2, Table 26–3). The disparity by sex was not statistically significant.

More Information

Readers interested in more detailed information about the objectives in this topic area are invited to visit the [HealthyPeople.gov](http://www.healthypeople.gov) website, where extensive substantive and technical information is available:

- For the background and importance of the topic area, see: <http://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>
- For data details for each objective, including definitions, numerators, denominators, calculations, and data limitations, see: <http://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>
Select an objective, then click on the “Data Details” icon.
- For objective data by population group (e.g., sex, race and ethnicity, family income), including rates, percentages, or counts for multiple years, see: <http://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>
Select an objective, then click on the “Data2020” icon.

Data for the measurable objectives in this chapter were from the following data sources:

- Autism and Developmental Disabilities Monitoring Network: <http://www.cdc.gov/ncbddd/autism/addm.html>
- Breastfeeding Report Card: <https://www.cdc.gov/breastfeeding/data/reportcard.htm>
- Bridged-race Population Estimates: http://www.cdc.gov/nchs/nvss/bridged_race.htm
- California’s Maternal and Infant Health Assessment: <http://www.cdph.ca.gov/data/surveys/MIHA/Pages/aboutmiha.aspx>
- Employee Benefits Survey: <https://www.shrm.org/hr-today/trends-and-forecasting/research-and-surveys/Pages/2016-Employee-Benefits.aspx>
- Fetal Alcohol Surveillance System Network: <https://stacks.cdc.gov/view/cdc/31877/Print>
- Linked Birth and Infant Death Data Set: <http://www.cdc.gov/nchs/nvss/linked-birth.htm>

- Metropolitan Atlanta Developmental Disabilities Surveillance Program: <https://www.cdc.gov/ncbddd/developmentaldisabilities/maddsp.html>
- National Birth Defects Prevention Network: <http://www.nbdpn.org/>
- National Health and Nutrition Examination Survey: <http://www.cdc.gov/nchs/nhanes/>
- National Hospital Discharge Survey: <http://www.cdc.gov/nchs/nhds/>
- National Immunization Survey: <http://www.cdc.gov/vaccines/imz-managers/nis/index.html>
- National Newborn Screening and Genetics Resource Center: <http://genes-r-us.uthscsa.edu/>
- National Survey of Children with Special Health Care Needs: <http://www.childhealthdata.org/learn/NS-CSHCN>
- National Survey of Children’s Health: <http://childhealthdata.org/learn/NSCH>
- National Survey of Family Growth: <http://www.cdc.gov/nchs/nsfg/>
- National Survey on Drug Use and Health: <http://www.samhsa.gov/data/population-data-nsduh>
- National Vital Statistics System—Fetal Deaths: http://www.cdc.gov/nchs/nvss/fetal_death.htm
- National Vital Statistics System—Mortality: <http://www.cdc.gov/nchs/nvss/deaths.htm>
- National Vital Statistics System—Nativity: <http://www.cdc.gov/nchs/nvss/births.htm>
- Pregnancy Risk Assessment Monitoring System: <https://www.cdc.gov/prams/>
- Title V Information System: <https://mchb.tvisdata.hrsa.gov/>

Footnotes

¹The **Technical Notes** provide more information on Healthy People 2020 statistical methods and issues.

²**Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

³**Developmental** objectives did not have a national baseline value.

⁴**Measurable** objectives had a national baseline value.

⁵**Target met or exceeded**—One of the following, as specified in the Midcourse Progress Table:

- » At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)
- » The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

⁶**Improving**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.
- » Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

⁷**Little or no detectable change**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.
- » Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.
- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.
- » There was no change between the baseline and the midcourse data point.

⁸**Getting worse**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

⁹**Baseline only**—The objective only had one data point, so progress toward target attainment could not be assessed.

¹⁰**Informational**—A target was not set for this objective, so progress toward target attainment could not be assessed.

Suggested Citation

National Center for Health Statistics. Chapter 26: Maternal, Infant, and Child Health. Healthy People 2020 Midcourse Review. Hyattsville, MD. 2016.

Table 26–1. Maternal, Infant, and Child Health Objectives

LEGEND

-  Data for this objective are available in this chapter's Midcourse Progress Table.
-  Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.
-  A state or county level map for this objective is available at the end of the chapter.

Not Applicable Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Morbidity and Mortality			
MICH-1.1	Reduce the rate of fetal deaths at 20 or more weeks of gestation	National Vital Statistics System–Fetal Death (NVSS–FD), CDC/NCHS; National Vital Statistics System–Nativity (NVSS–N), CDC/NCHS	 
MICH-1.2	Reduce the rate of fetal and infant deaths during perinatal period (28 weeks of gestation to less than 7 days after birth)	Linked Birth/Infant Death Data Set, CDC/NCHS; National Vital Statistics System–Fetal Death (NVSS–FD), CDC/NCHS	 
MICH-1.3	Reduce the rate of all infant deaths (within 1 year)	Linked Birth/Infant Death Data Set, CDC/NCHS	  
MICH-1.4	Reduce the rate of neonatal deaths (within the first 28 days of life)	Linked Birth/Infant Death Data Set, CDC/NCHS	 
MICH-1.5	Reduce the rate of postneonatal deaths (between 28 days and 1 year)	Linked Birth/Infant Death Data Set, CDC/NCHS	 
MICH-1.6	Reduce the rate of infant deaths related to birth defects (all birth defects)	Linked Birth/Infant Death Data Set, CDC/NCHS	 
MICH-1.7	Reduce the rate of infant deaths related to birth defects (congenital heart defects)	Linked Birth/Infant Death Data Set, CDC/NCHS	 
MICH-1.8	Reduce the rate of infant deaths from sudden infant death syndrome (SIDS)	Linked Birth/Infant Death Data Set, CDC/NCHS	 
MICH-1.9	Reduce the rate of infant deaths from sudden unexpected infant deaths (includes SIDS, unknown cause, accidental suffocation, and strangulation in bed)	Linked Birth/Infant Death Data Set, CDC/NCHS	 
MICH-2	Reduce the 1-year mortality rate for infants with Down syndrome	National Birth Defects Prevention Network (NBDPN), CDC/NCBDDD	 
MICH-3.1	Reduce the rate of deaths among children aged 1–4 years	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census	 
MICH-3.2	Reduce the rate of deaths among children aged 5–9 years	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census	 

Table 26–1. Maternal, Infant, and Child Health Objectives—Continued

LEGEND

 Data for this objective are available in this chapter's Midcourse Progress Table.	 Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.	 A state or county level map for this objective is available at the end of the chapter.
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Not Applicable Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Morbidity and Mortality—Continued			
MICH-4.1	Reduce the rate of deaths among adolescents aged 10–14	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census	 
MICH-4.2	Reduce the rate of deaths among adolescents aged 15–19	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census	 
MICH-4.3	Reduce the rate of deaths among young adults aged 20–24	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census	 
MICH-5	Reduce the rate of maternal mortality	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; National Vital Statistics System–Nativity (NVSS–N), CDC/NCHS	 
MICH-6	Reduce maternal illness and complications due to pregnancy (complications during hospitalized labor and delivery)	National Hospital Discharge Survey (NHDS), CDC/NCHS	 
MICH-7.1	Reduce cesarean births among low-risk women with no prior cesarean births	National Vital Statistics System–Nativity (NVSS–N), CDC/NCHS	 
MICH-7.2	Reduce cesarean births among low-risk women giving birth with a prior cesarean birth	National Vital Statistics System–Nativity (NVSS–N), CDC/NCHS	 
MICH-8.1	Reduce low birth weight (LBW)	National Vital Statistics System–Nativity (NVSS–N), CDC/NCHS	 
MICH-8.2	Reduce very low birth weight (VLBW)	National Vital Statistics System–Nativity (NVSS–N), CDC/NCHS	 
MICH-9.1	Reduce total preterm births	National Vital Statistics System–Nativity (NVSS–N), CDC/NCHS	  
MICH-9.2	Reduce late preterm or live births at 34–36 weeks of gestation	National Vital Statistics System–Nativity (NVSS–N), CDC/NCHS	 
MICH-9.3	Reduce live births at 32–33 weeks of gestation	National Vital Statistics System–Nativity (NVSS–N), CDC/NCHS	 
MICH-9.4	Reduce very preterm or live births at less than 32 weeks of gestation	National Vital Statistics System–Nativity (NVSS–N), CDC/NCHS	 

Table 26–1. Maternal, Infant, and Child Health Objectives—Continued

LEGEND

	Data for this objective are available in this chapter's Midcourse Progress Table.		Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.		A state or county level map for this objective is available at the end of the chapter.
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<div style="border: 1px solid black; padding: 2px;">Not Applicable</div>	Midcourse data availability is not applicable for developmental and archived objectives. Developmental objectives did not have a national baseline value. Archived objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.
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Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Pregnancy Health and Behaviors			
MICH-10.1	Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester	National Vital Statistics System–Natality (NVSS–N), CDC/NCHS	 
MICH-10.2	Increase the proportion of pregnant women who receive early and adequate prenatal care	National Vital Statistics System–Natality (NVSS–N), CDC/NCHS	 
MICH-11.1	Increase abstinence from alcohol among pregnant women	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
MICH-11.2	Increase abstinence from binge drinking among pregnant women	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
MICH-11.3	Increase abstinence from cigarette smoking among pregnant women	National Vital Statistics System–Natality (NVSS–N), CDC/NCHS	 
MICH-11.4	Increase abstinence from illicit drugs among pregnant women	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
MICH-12	(Archived) Increase the proportion of pregnant women who attend a series of prepared childbirth classes	(Potential) Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)	<div style="border: 1px solid black; padding: 2px;">Not Applicable</div>
MICH-13	(Developmental) Increase the proportion of mothers who achieve a recommended weight gain during their pregnancies	(Potential) National Vital Statistics System–Natality (NVSS–N), CDC/NCHS	<div style="border: 1px solid black; padding: 2px;">Not Applicable</div>
Preconception Health and Behaviors			
MICH-14	Increase the proportion of women of childbearing potential with intake of at least 400 µg of folic acid daily from fortified foods or dietary supplements	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	 
MICH-15	Reduce the proportion of women of childbearing potential who have lower red blood cell folate concentrations	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	 

Table 26–1. Maternal, Infant, and Child Health Objectives—Continued

LEGEND

 Data for this objective are available in this chapter's Midcourse Progress Table.	 Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.	 A state or county level map for this objective is available at the end of the chapter.
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Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Preconception Health and Behaviors—Continued			
MICH-16.1	(Developmental) Increase the proportion of women delivering a live birth who discussed preconception health with a health care worker prior to pregnancy	(Potential) Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)	Not Applicable
MICH-16.2	Increase the proportion of women delivering a live birth who took multivitamins/folic acid prior to pregnancy	Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)	 
MICH-16.3	Increase the proportion of women delivering a live birth who did not smoke prior to pregnancy	Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)	 
MICH-16.4	Increase the proportion of women delivering a live birth who did not drink alcohol prior to pregnancy	Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)	 
MICH-16.5	Increase the proportion of women delivering a live birth who had a healthy weight prior to pregnancy	Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)	 
MICH-16.6	Increase the proportion of women delivering a live birth who used contraception postpartum to plan their next pregnancy	Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)	 
MICH-17.1	Reduce the proportion of women aged 18–44 who have impaired fecundity	National Survey of Family Growth (NSFG), CDC/NCHS	 
MICH-17.2	(Developmental) Reduce the proportion of men aged 18–44 who have impaired fecundity	(Potential) National Survey of Family Growth (NSFG), CDC/NCHS	Not Applicable
Postpartum Health and Behavior			
MICH-18	Reduce postpartum relapse of smoking among women who quit smoking during pregnancy	Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)	 

Table 26–1. Maternal, Infant, and Child Health Objectives—Continued

LEGEND

-  Data for this objective are available in this chapter's Midcourse Progress Table.
-  Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.
-  A state or county level map for this objective is available at the end of the chapter.

Not Applicable Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Postpartum Health and Behavior—Continued			
MICH-19	(Developmental) Increase the proportion of women giving birth who attend a postpartum care visit with a health worker	(Potential) Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)	Not Applicable
MICH-34	(Developmental) Decrease the proportion of women delivering a live birth who experience postpartum depressive symptoms	(Potential) Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)	Not Applicable
Infant Care			
MICH-20	Increase the proportion of infants who are put to sleep on their backs	Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)	 
MICH-21.1	Increase the proportion of infants who are ever breastfed	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS	 
MICH-21.2	Increase the proportion of infants who are breastfed at 6 months	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS	 
MICH-21.3	Increase the proportion of infants who are breastfed at 1 year	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS	 
MICH-21.4	Increase the proportion of infants who are breastfed exclusively through 3 months	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS	 
MICH-21.5	Increase the proportion of infants who are breastfed exclusively through 6 months	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS	 
MICH-22	Increase the proportion of employers that have worksite lactation support programs	Employee Benefits Survey, Society for Human Resource Management (SHRM)	
MICH-23	Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS	 
MICH-24	Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies	Breastfeeding Report Card, CDC/NCCDPHP	 

Table 26–1. Maternal, Infant, and Child Health Objectives—Continued

LEGEND

 Data for this objective are available in this chapter's Midcourse Progress Table.  Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.  A state or county level map for this objective is available at the end of the chapter.

Not Applicable Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Disability and Other Impairments			
MICH-25	Reduce the occurrence of fetal alcohol syndrome (FAS)	Fetal Alcohol Surveillance System Network (FASSNet), CDC/NCBDDD; National Vital Statistics System–Nativity (NVSS–N), CDC/NCHS	 
MICH-26	Reduce the proportion of children diagnosed with a disorder through newborn blood spot screening who experience developmental delay requiring special education services	Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP), CDC/NCBDDD	 
MICH-27	Reduce the proportion of children aged 8 years with cerebral palsy born as low birth weight infants (less than 2,500 grams)	Autism and Developmental Disabilities Monitoring Network (ADDM), CDC/NCBDDD	 
MICH-28.1	Reduce the occurrence of spina bifida	National Birth Defects Prevention Network (NBDPN), CDC/NCBDDD; National Vital Statistics System–Nativity (NVSS–N), CDC/NCHS	 
MICH-28.2	Reduce the occurrence of anencephaly	National Birth Defects Prevention Network (NBDPN), CDC/NCBDDD; National Vital Statistics System–Nativity (NVSS–N), CDC/NCHS	 
MICH-29.1	Increase the proportion of children (aged 10–35 months) who have been screened for autism spectrum disorder (ASD) and other developmental delays	National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS	 
MICH-29.2	Increase the proportion of children with ASD having a first evaluation by 36 months of age	Autism and Developmental Disabilities Monitoring Network (ADDM), CDC/NCBDDD	 
MICH-29.3	Increase the proportion of children with ASD enrolled in special services by 48 months of age	Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP), CDC/NCBDDD	 
MICH-29.4	(Developmental) Increase the proportion of children with a developmental delay with a first evaluation by 36 months of age	(Potential) National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS	Not Applicable
MICH-29.5	(Developmental) Increase the proportion of children with a developmental delay enrolled in special services by 48 months of age	(Potential) National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS	Not Applicable

Table 26–1. Maternal, Infant, and Child Health Objectives—Continued

LEGEND

 Data for this objective are available in this chapter's Midcourse Progress Table.	 Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.	 A state or county level map for this objective is available at the end of the chapter.
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Not Applicable Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Health Services			
MICH-30.1	Increase the proportion of children who have access to a medical home	National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS	  
MICH-30.2	Increase the proportion of children with special health care needs who have access to a medical home	National Survey of Children with Special Health Care Needs (NS-CSHCN), HRSA/MCHB and CDC/NCHS	 
MICH-31.1	Increase the proportion of children aged 0–11 years with special health care needs who receive their care in family-centered, comprehensive, and coordinated systems	National Survey of Children with Special Health Care Needs (NS-CSHCN), HRSA/MCHB and CDC/NCHS	 
MICH-31.2	Increase the proportion of children aged 12–17 years with special health care needs who receive their care in family-centered, comprehensive, coordinated systems	National Survey of Children with Special Health Care Needs (NS-CSHCN), HRSA/MCHB and CDC/NCHS	 
MICH-32.1	Increase the number of states and the District of Columbia that verify through linkage with vital records that all newborns are screened shortly after birth for conditions mandated by their State-sponsored screening program	National Newborn Screen and Genetic Resource Center (NNSGRC), University of Texas Health Science Center at San Antonio, Department of Pediatrics (UTHSCSA)	
MICH-32.2	Increase the proportion of screen-positive children who receive followup testing within the recommended time period	Title V Information System (TVIS), HRSA/MCHB	
MICH-32.3	(Developmental) Increase the proportion of children with a diagnosed condition identified through newborn screening who have an annual assessment of services needed and received	(Potential) National Newborn Screen and Genetic Resource Center (NNSGRC), University of Texas Health Science Center at San Antonio, Department of Pediatrics (UTHSCSA)	Not Applicable
MICH-33	Increase the proportion of very low birth weight (VLBW) infants born at Level III hospitals or subspecialty perinatal centers	Title V Information System (TVIS), HRSA/MCHB	

Table 26–2. Midcourse Progress for Measurable¹ Maternal, Infant, and Child Health Objectives

LEGEND											
	Target met or exceeded ^{2,3}		Improving ^{4,5}		Little or no detectable change ^{6–10}		Getting worse ^{11,12}		Baseline only ¹³		Informational ¹⁴
Objective Description		Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷				
Morbidity and Mortality											
	⁴ MICH-1.1 Fetal deaths (per 1,000 live births plus fetal deaths, 20+ weeks gestation)	6.2 (2005)	6.0 (2013)	5.6	33.3%		Yes				
	⁴ MICH-1.2 Perinatal deaths (per 1,000 live births plus fetal deaths, 28 weeks gestation to <7 days after birth)	6.6 (2005)	6.2 (2013)	5.9	57.1%		Yes				
	² MICH-1.3 All Infant deaths (per 1,000 live births, <1 year)	6.7 (2006)	6.0 (2013)	6.0	100.0%		Yes				
	² MICH-1.4 Neonatal deaths (per 1,000 live births, <28 days)	4.5 (2006)	4.0 (2013)	4.1	125.0%		Yes				
	² MICH-1.5 Postneonatal deaths (per 1,000 live births, 28 days to <1 year)	2.2 (2006)	1.9 (2013)	2.0	150.0%		Yes				
	² MICH-1.6 Infant deaths due to birth defects (per 1,000 live births, <1 year)	1.4 (2006)	1.2 (2013)	1.3	200.0%		Yes				
	² MICH-1.7 Infant deaths due to congenital heart defects (per 1,000 live births, <1 year)	0.38 (2006)	0.33 (2013)	0.34	125.0%		Yes				
	² MICH-1.8 Infant deaths due to sudden infant death syndrome (per 1,000 live births, <1 year)	0.55 (2006)	0.40 (2013)	0.50	300.0%		Yes				
	⁴ MICH-1.9 Infant deaths due to sudden unexpected/unexplained causes (per 1,000 live births, <1 year)	0.93 (2006)	0.87 (2013)	0.84	66.7%		Yes				
	⁹ MICH-2 Deaths among infants with Down syndrome (per 1,000 population, <1 year)	48.6 (2005–2006)	48.8 (2009–2010)	43.7		0.4%					
	² MICH-3.1 Child deaths (per 100,000 population, 1–4 years)	29.4 (2007)	25.5 (2013)	26.5	134.5%		Yes				
	² MICH-3.2 Child deaths (per 100,000 population, 5–9 years)	13.8 (2007)	11.8 (2013)	12.4	142.9%		Yes				
	² MICH-4.1 Adolescent deaths (per 100,000 population, 10–14 years)	16.5 (2007)	14.1 (2013)	14.8	141.2%		Yes				
	² MICH-4.2 Adolescent deaths (per 100,000 population, 15–19 years)	60.3 (2007)	44.8 (2013)	54.3	258.3%		Yes				
	² MICH-4.3 Young adult deaths (per 100,000 population, 20–24 years)	98.1 (2007)	83.4 (2013)	88.3	150.0%		Yes				

Table 26–2. Midcourse Progress for Measurable¹ Maternal, Infant, and Child Health Objectives—Continued

LEGEND											
	Target met or exceeded ^{2,3}		Improving ^{4,5}		Little or no detectable change ^{6–10}		Getting worse ^{11,12}		Baseline only ¹³		Informational ¹⁴
Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷					
Morbidity and Mortality—Continued											
 ¹³ MICH-5 Maternal deaths (per 100,000 live births)	12.7 (2007)		11.4								
 ⁸ MICH-6 Maternal complications during hospitalized labor and delivery (per 100 deliveries)	31.1% (2007)	31.3% (2010)	28.0%		0.6%	No					
 ¹³ MICH-7.1 Cesarean births among low-risk women with no prior cesarean births (percent)	26.5% (2007)		23.9%								
 ¹³ MICH-7.2 Cesarean births among low-risk women with a prior cesarean birth (percent)	90.8% (2007)		81.7%								
 ⁴ MICH-8.1 Low birth weight infants (percent, <2,500 grams)	8.2% (2007)	8.0% (2013)	7.8%	50.0%		Yes					
 ² MICH-8.2 Very low birth weight infants (percent, <1,500 grams)	1.5% (2007)	1.4% (2013)	1.4%	100.0%		Yes					
 ² MICH-9.1 Total preterm live births (percent, <37 completed weeks gestation)	12.7% (2007)	11.4% (2013)	11.4%	100.0%		Yes					
 ² MICH-9.2 Late preterm live births (percent, 34–36 weeks gestation)	9.0% (2007)	8.0% (2013)	8.1%	111.1%		Yes					
 ⁴ MICH-9.3 Preterm live births (percent, 32–33 weeks gestation)	1.6% (2007)	1.5% (2013)	1.4%	50.0%		Yes					
 ⁴ MICH-9.4 Very preterm live births (percent, <32 weeks gestation)	2.0% (2007)	1.9% (2013)	1.8%	50.0%		Yes					
Pregnancy Health and Behaviors											
 ¹³ MICH-10.1 Pregnant women beginning prenatal care in the first trimester (percent)	70.8% (2007)		77.9%								
 ¹³ MICH-10.2 Pregnant women receiving early and adequate prenatal care (percent)	70.5% (2007)		77.6%								
 ⁶ MICH-11.1 Pregnant women abstaining from alcohol in past 30 days (percent, 15–44 years)	89.4% (2007–2008)	90.6% (2012–2013)	98.3%	13.5%		No					
 ⁴ MICH-11.2 Pregnant women abstaining from binge drinking in past 30 days (percent, 15–44 years)	95.0% (2007–2008)	97.2% (2012–2013)	100%	44.0%		Yes					
 ¹³ MICH-11.3 Pregnant women abstaining from cigarette smoking (percent)	89.6% (2007)		98.6%								

Table 26–2. Midcourse Progress for Measurable¹ Maternal, Infant, and Child Health Objectives—Continued

LEGEND											
	Target met or exceeded ^{2,3}		Improving ^{4,5}		Little or no detectable change ^{6–10}		Getting worse ^{11,12}		Baseline only ¹³		Informational ¹⁴
Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷					
Pregnancy Health and Behaviors—Continued											
 ⁸ MICH-11.4 Pregnant women abstaining from illicit drug use in the past 30 days (percent, 15–44 years)	94.8% (2007–2008)	94.6% (2012–2013)	100%		0.2%	No					
Preconception Health and Behaviors											
 ⁸ MICH-14 Nonpregnant women consuming 400+ µg of folic acid daily (percent, 15–44 years)	23.8% (2003–2006)	22.8% (2007–2010)	26.2%		4.2%	No					
 ¹³ MICH-15 Nonpregnant women of childbearing potential who have lower red blood cell (RBC) folate concentrations (percent, 15–44 years)	24.9% (2007–2010)		22.4%								
 ⁴ MICH-16.2 Mothers who took daily multivitamins/folic acid daily in the month prior to pregnancy (percent)	30.3% (2007)	33.0% (2011)	33.3%	90.0%		Yes					
 ¹³ MICH-16.3 Mothers who did not smoke in the 3 months prior to pregnancy (percent)	79.8% (2011)		87.8%								
 ¹¹ MICH-16.4 Mothers who did not drink alcohol in the 3 months prior to pregnancy (percent)	50.6% (2007)	48.7% (2011)	55.6%		3.8%	Yes					
 ¹¹ MICH-16.5 Mothers having a healthy weight prior to pregnancy (percent)	52.5% (2007)	51.0% (2011)	57.8%		2.9%	Yes					
 ¹³ MICH-16.6 Mothers using postpartum contraception (percent)	88.6% (2011)		97.5%								
 ⁸ MICH-17.1 Women with impaired fecundity (percent, 18–44 years)	12.7% (2002)	12.8% (2011–2013)	11.4%		0.8%	No					
Postpartum Health and Behavior											
 ¹³ MICH-18 Relapse after delivery among smokers who quit during pregnancy	42.4% (2011)		38.2%								
Infant Care											
 ⁴ MICH-20 Infants put to sleep on their backs (percent, <8 months)	68.9% (2007)	74.2% (2011)	75.8%	76.8%		Yes					
 ⁴ MICH-21.1 Infants ever breastfed (percent)	74.0% (2006)	79.2% (2011)	81.9%	65.8%		Yes					
 ⁴ MICH-21.2 Infants breastfed at 6 months (percent)	43.5% (2006)	49.4% (2011)	60.6%	34.5%		Yes					

Table 26–2. Midcourse Progress for Measurable¹ Maternal, Infant, and Child Health Objectives—Continued

LEGEND											
	Target met or exceeded ^{2,3}		Improving ^{4,5}		Little or no detectable change ^{6–10}		Getting worse ^{11,12}		Baseline only ¹³		Informational ¹⁴
Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷					
Infant Care—Continued											
 ⁴ MICH-21.3 Infants breastfed at 1 year (percent)	22.7% (2006)	26.7% (2011)	34.1%	35.1%		Yes					
 ⁴ MICH-21.4 Infants breastfed exclusively through 3 months (percent)	33.6% (2006)	40.7% (2011)	46.2%	56.3%		Yes					
 ⁴ MICH-21.5 Infants breastfed exclusively through 6 months (percent)	14.1% (2006)	18.8% (2011)	25.5%	41.2%		Yes					
 ⁵ MICH-22 Employers having worksite lactation support programs (percent)	25% (2009)	28% (2014)	38%	23.1%							
 ⁴ MICH-23 Breastfed newborns receiving formula supplementation in the first 2 days of life (percent)	24.2% (2006)	19.4% (2011)	14.2%	48.0%		Yes					
 ⁵ MICH-24 Live births in facilities providing recommended care for lactating mothers and babies (percent)	2.9% (2009)	7.8% (2014)	8.1%	94.2%							
Disability and Other Impairments											
 ¹⁴ MICH-25 Fetal alcohol syndrome (per 10,000 live births)	3.6 (2001–2004)		.								
 ¹³ MICH-26 Children with disorders diagnosed through a newborn blood spot who require special education services for developmental delays (percent, 3–10 years)	15.1% (1991–2004)		13.6%								
 ⁶ MICH-27 Children with cerebral palsy born at low birth weight (percent, Metropolitan Atlanta, 8 years)	50.0% (2006)	47.9% (2008)	45.0%	42.0%		No					
 ² MICH-28.1 Cases of spina bifida (per 100,000 live births)	34.2 (2005–2006)	30.5 (2010)	30.8	108.8%							
 ² MICH-28.2 Cases of anencephaly (per 100,000 live births)	24.6 (2005–2006)	12.8 (2010)	22.1	472.0%							
 ² MICH-29.1 Children screened for autism and other developmental delays in the past year (percent, 10–35 months)	22.6% (2007)	38.0% (2011–2012)	24.9%	669.6%							
 ⁶ MICH-29.2 Children with autism spectrum disorder receiving a first evaluation by age 36 months (percent, 8 years)	42.7% (2006)	43.8% (2010)	47.0%	25.6%		No					
 ⁸ MICH-29.3 Children with autism spectrum disorder receiving special services by age 48 months (percent, Metropolitan Atlanta, 8 years)	52.4% (2006)	52.0% (2010)	57.6%		0.8%	No					

Table 26–2. Midcourse Progress for Measurable¹ Maternal, Infant, and Child Health Objectives—Continued

LEGEND											
	Target met or exceeded ^{2,3}		Improving ^{4,5}		Little or no detectable change ^{6–10}		Getting worse ^{11,12}		Baseline only ¹³		Informational ¹⁴
Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷					
Health Services											
 ¹¹ MICH-30.1 Children having a medical home (percent, <18 years)	57.5% (2007)	54.4% (2011–2012)	63.3%		5.4%	Yes					
 ¹¹ MICH-30.2 Children with special health care needs having a medical home (percent, <18 years)	47.1% (2005–2006)	43.0% (2009–2010)	51.8%		8.7%	Yes					
 ⁸ MICH-31.1 Children with special health care needs receiving care in family-centered, coordinated systems (percent, 0–11 years)	20.4% (2005–2006)	20.1% (2009–2010)	22.4%		1.5%	No					
 ⁸ MICH-31.2 Children with special health care needs receiving care in family-centered, coordinated systems (percent, 12–17 years)	13.8% (2005–2006)	13.6% (2009–2010)	15.1%		1.4%	No					
 ¹³ MICH-32.1 Statewide vital records linkage systems to verify newborn screening (number of states and D.C.)	21 (2010)		45								
 ¹² MICH-32.2 Screen-positive children receiving followup testing within recommended time period (percent)	98.3% (2003–2006)	86.3% (2010)	100%		12.2%						
 ⁹ MICH-33 Very low birth weight infants born at Level III hospitals (percent)	75.0% (2003–2006)	74.5% (2010)	83.7%		0.7%						

Table 26–2. Midcourse Progress for Measurable¹ Maternal, Infant, and Child Health Objectives—Continued

<p>NOTES</p> <p>See HealthyPeople.gov for all Healthy People 2020 data. The Technical Notes provide more information on the measures of progress.</p> <p>FOOTNOTES</p> <p>¹Measurable objectives had a national baseline value.</p> <p>Target met or exceeded:</p> <p>²At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)</p> <p>³The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)</p> <p>Improving:</p> <p>⁴Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.</p> <p>⁵Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.</p> <p>Little or no detectable change:</p> <p>⁶Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.</p> <p>⁷Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.</p> <p>⁸Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.</p> <p>⁹Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.</p> <p>¹⁰There was no change between the baseline and the midcourse data point.</p> <p>Getting worse:</p> <p>¹¹Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.</p> <p>¹²Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.</p> <p>¹³Baseline only: The objective only had one data point, so progress toward target attainment could not be assessed.</p> <p>¹⁴Informational: A target was not set for this objective, so progress toward target attainment could not be assessed.</p> <p>¹⁵For objectives that moved toward their targets, movement toward the target was measured as the percentage of targeted change achieved (unless the target was already met or exceeded at baseline):</p> $\text{Percentage of targeted change achieved} = \frac{\text{Midcourse value} - \text{Baseline value}}{\text{HP2020 target} - \text{Baseline value}} \times 100$ <p>¹⁶For objectives that moved away from their baselines and targets, movement away from the baseline was measured as the magnitude of the percentage change from baseline:</p> $\text{Magnitude of percentage change from baseline} = \frac{ \text{Midcourse value} - \text{Baseline value} }{\text{Baseline value}} \times 100$ <p>¹⁷Statistical significance was tested when the objective had a target and at least two data points, standard errors of the data were available, and a normal distribution could be assumed. Statistical significance of the percentage of targeted change achieved or the magnitude of the percentage change from baseline was assessed at the 0.05 level using a normal one-sided test.</p> <p>DATA SOURCES</p> <p>MICH-1.1 National Vital Statistics System–Fetal Death (NVSS–FD), CDC/NCHS; National Vital Statistics System–Natality (NVSS–N), CDC/NCHS</p> <p>MICH-1.2 Linked Birth/Infant Death Data Set, CDC/NCHS; National Vital Statistics System–Fetal Death (NVSS–FD), CDC/NCHS</p> <p>MICH-1.3 Linked Birth/Infant Death Data Set, CDC/NCHS</p> <p>MICH-1.4 Linked Birth/Infant Death Data Set, CDC/NCHS</p> <p>MICH-1.5 Linked Birth/Infant Death Data Set, CDC/NCHS</p> <p>MICH-1.6 Linked Birth/Infant Death Data Set, CDC/NCHS</p>	<p>DATA SOURCES—Continued</p> <p>MICH-1.7 Linked Birth/Infant Death Data Set, CDC/NCHS</p> <p>MICH-1.8 Linked Birth/Infant Death Data Set, CDC/NCHS</p> <p>MICH-1.9 Linked Birth/Infant Death Data Set, CDC/NCHS</p> <p>MICH-2 National Birth Defects Prevention Network (NBDPN), CDC/NCBDDD</p> <p>MICH-3.1 National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census</p> <p>MICH-3.2 National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census</p> <p>MICH-4.1 National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census</p> <p>MICH-4.2 National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census</p> <p>MICH-4.3 National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census</p> <p>MICH-5 National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; National Vital Statistics System–Natality (NVSS–N), CDC/NCHS</p> <p>MICH-6 National Hospital Discharge Survey (NHDS), CDC/NCHS</p> <p>MICH-7.1 National Vital Statistics System–Natality (NVSS–N), CDC/NCHS</p> <p>MICH-7.2 National Vital Statistics System–Natality (NVSS–N), CDC/NCHS</p> <p>MICH-8.1 National Vital Statistics System–Natality (NVSS–N), CDC/NCHS</p> <p>MICH-8.2 National Vital Statistics System–Natality (NVSS–N), CDC/NCHS</p> <p>MICH-9.1 National Vital Statistics System–Natality (NVSS–N), CDC/NCHS</p> <p>MICH-9.2 National Vital Statistics System–Natality (NVSS–N), CDC/NCHS</p> <p>MICH-9.3 National Vital Statistics System–Natality (NVSS–N), CDC/NCHS</p> <p>MICH-9.4 National Vital Statistics System–Natality (NVSS–N), CDC/NCHS</p> <p>MICH-10.1 National Vital Statistics System–Natality (NVSS–N), CDC/NCHS</p> <p>MICH-10.2 National Vital Statistics System–Natality (NVSS–N), CDC/NCHS</p> <p>MICH-11.1 National Survey on Drug Use and Health (NSDUH), SAMHSA</p> <p>MICH-11.2 National Survey on Drug Use and Health (NSDUH), SAMHSA</p> <p>MICH-11.3 National Vital Statistics System–Natality (NVSS–N), CDC/NCHS</p> <p>MICH-11.4 National Survey on Drug Use and Health (NSDUH), SAMHSA</p> <p>MICH-14 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS</p> <p>MICH-15 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS</p> <p>MICH-16.2 Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California’s Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)</p> <p>MICH-16.3 Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California’s Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)</p> <p>MICH-16.4 Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California’s Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)</p> <p>MICH-16.5 Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California’s Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)</p> <p>MICH-16.6 Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California’s Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)</p> <p>MICH-17.1 National Survey of Family Growth (NSFG), CDC/NCHS</p> <p>MICH-18 Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California’s Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)</p> <p>MICH-20 Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California’s Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)</p> <p>MICH-21.1 National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS</p> <p>MICH-21.2 National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS</p> <p>MICH-21.3 National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS</p> <p>MICH-21.4 National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS</p> <p>MICH-21.5 National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS</p> <p>MICH-22 Employee Benefits Survey, Society for Human Resource Management (SHRM)</p>
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Table 26–2. Midcourse Progress for Measurable¹ Maternal, Infant, and Child Health Objectives—Continued

DATA SOURCES—Continued

MICH-23	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS
MICH-24	Breastfeeding Report Card, CDC/NCCDPHP
MICH-25	Fetal Alcohol Surveillance System Network (FASSNet), CDC/NCBDDD; National Vital Statistics System—Nativity (NVSS–N), CDC/NCHS
MICH-26	Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP), CDC/NCBDDD
MICH-27	Autism and Developmental Disabilities Monitoring Network (ADDM), CDC/NCBDDD
MICH-28.1	National Birth Defects Prevention Network (NBDPN), CDC/NCBDDD; National Vital Statistics System—Nativity (NVSS–N), CDC/NCHS
MICH-28.2	National Birth Defects Prevention Network (NBDPN), CDC/NCBDDD; National Vital Statistics System—Nativity (NVSS–N), CDC/NCHS
MICH-29.1	National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS
MICH-29.2	Autism and Developmental Disabilities Monitoring Network (ADDM), CDC/NCBDDD
MICH-29.3	Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP), CDC/NCBDDD
MICH-30.1	National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS
MICH-30.2	National Survey of Children with Special Health Care Needs (NS-CSHCN), HRSA/MCHB and CDC/NCHS
MICH-31.1	National Survey of Children with Special Health Care Needs (NS-CSHCN), HRSA/MCHB and CDC/NCHS
MICH-31.2	National Survey of Children with Special Health Care Needs (NS-CSHCN), HRSA/MCHB and CDC/NCHS
MICH-32.1	National Newborn Screen and Genetic Resource Center (NNSGRC), University of Texas Health Science Center at San Antonio, Department of Pediatrics (UTHSCSA)
MICH-32.2	Title V Information System (TVIS), HRSA/MCHB
MICH-33	Title V Information System (TVIS), HRSA/MCHB

Table 26–3. Midcourse Health Disparities¹ for Population-based Maternal, Infant, and Child Health Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND		At the midcourse data point		Group with the most favorable (least adverse) rate	Group with the least favorable (most adverse) rate	Data are available, but this group did not have the highest or lowest rate.	Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.
Characteristics and Groups							
Population-based Objectives							
Sex	Race and Ethnicity	Education ⁴	Family Income ⁵	Disability	Location		
Male Female Summary Disparity Ratio ²	American Indian or Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Hispanic or Latino Black, not Hispanic White, not Hispanic Summary Disparity Ratio ²	Less than high school High school graduate At least some college Associate's degree 4-year college degree Advanced degree Summary Disparity Ratio ²	Poor Near-poor Middle Near-high High Summary Disparity Ratio ²	Persons with disabilities Persons without disabilities Summary Disparity Ratio ²	Metropolitan Nonmetropolitan Summary Disparity Ratio ²		
MICH-1.9 Infant deaths due to sudden unexpected/unexplained causes (per 1,000 live births, <1 year) (2013)	 1.303*	 4.091*					
MICH-2 Deaths among infants with Down syndrome (per 1,000 population, <1 year) (2009–2010)	 1.163 ³	 1.163 ³					
MICH-3.1 Child deaths (per 100,000 population, 1–4 years) (2013)	 1.275*	 1.560*			 1.509*		
MICH-3.2 Child deaths (per 100,000 population, 5–9 years) (2013)	 1.268*	 1.423*			 1.474*		
MICH-4.1 Adolescent deaths (per 100,000 population, 10–14 years) (2013)	 1.330*	 1.362*			 1.417*		
MICH-4.2 Adolescent deaths (per 100,000 population, 15–19 years) (2013)	 2.362*	 2.132*			 1.379*		
MICH-4.3 Young adult deaths (per 100,000 population, 20–24 years) (2013)	 2.739*	 2.483*			 1.247*		

Table 26–3. Midcourse Health Disparities¹ for Population-based Maternal, Infant, and Child Health Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND

At the midcourse data point

- Group with the most favorable (least adverse) rate
- Group with the least favorable (most adverse) rate
- Data are available, but this group did not have the highest or lowest rate.
- Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.

Population-based Objectives	Characteristics and Groups																													
	Sex		Race and Ethnicity						Education ⁴					Family Income ⁵				Disability		Location										
	Male	Female	Summary Disparity Ratio ²	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary Disparity Ratio ³	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	Summary Disparity Ratio ³	Poor	Near-poor	Middle	Near-high	High	Summary Disparity Ratio ³	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio ²	Metropolitan	Nonmetropolitan	Summary Disparity Ratio ²
MICH-5 Maternal deaths (per 100,000 live births) (2007)				 c	 c					1.801*																			1.054	
MICH-6 Maternal complications during hospitalized labor and delivery (per 100 deliveries) (2010)									 d	 d	1.177*																			
MICH-7.1 Cesarean births among low-risk women with no prior cesarean births (percent) (2007)	 a	 a	1.172*	 b	 b c	 b c		 b	 b	 b	1.102*																			1.023*
MICH-7.2 Cesarean births among low-risk women with a prior cesarean birth (percent) (2007)	 a	 a	1.005*	 b	 b c	 b c		 b	 b	 b	1.020*																		1.008*	
MICH-8.1 Low birth weight infants (percent, <2,500 grams) (2013)	 a	 a	1.175*	 b	 b c	 b c		 b	 b	 b	1.290*																		1.003	
MICH-8.2 Very low birth weight infants (percent, <1,500 grams) (2013)	 a	 a	1.018*	 b	 b c	 b c		 b	 b	 b	1.491*																		1.031*	
MICH-9.1 Total preterm live births (percent, <37 completed weeks gestation) (2013)	 a	 a	1.085*	 b	 b c	 b c		 b	 b	 b	1.251*																		1.043*	

Table 26–3. Midcourse Health Disparities¹ for Population-based Maternal, Infant, and Child Health Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND		Characteristics and Groups																																
At the midcourse data point		Group with the most favorable (least adverse) rate			Group with the least favorable (most adverse) rate			Data are available, but this group did not have the highest or lowest rate.			Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.																							
Population-based Objectives		Sex		Race and Ethnicity						Education ⁴					Family Income ⁵				Disability		Location													
		Male	Female	Summary Disparity Ratio ²	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary Disparity Ratio ³	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	Summary Disparity Ratio ³	Poor	Near-poor	Middle	Near-high	High	Summary Disparity Ratio ³	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio ²	Metropolitan	Nonmetropolitan	Summary Disparity Ratio ²			
Morbidity and Mortality—Continued																																		
MICH-9.2 Late preterm live births (percent, 34–36 weeks gestation) (2013)				1.084*								1.203*																						1.043*
MICH-9.3 Preterm live births (percent, 32–33 weeks gestation) (2013)				1.100*								1.370*																					1.045*	
MICH-9.4 Very preterm live births (percent, <32 weeks gestation) (2013)				1.075*								1.496*																				1.042*		
Pregnancy Health and Behaviors																																		
MICH-10.1 Pregnant women beginning prenatal care in the first trimester (percent) (2007)				1.004*								1.214*																					1.041*	
MICH-10.2 Pregnant women receiving early and adequate prenatal care (percent) (2007)				1.003*								1.174*																				1.001		
MICH-11.1 Pregnant women abstaining from alcohol in past 30 days (percent, 15–44 years) (2012–2013)												1.058						1.025							1.040						1.036			
MICH-11.2 Pregnant women abstaining from binge drinking in past 30 days (percent, 15–44 years) (2012–2013)												1.015						1.032						1.008						1.005				

Table 26–3. Midcourse Health Disparities¹ for Population-based Maternal, Infant, and Child Health Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND		Characteristics and Groups																																			
At the midcourse data point		Group with the most favorable (least adverse) rate			Group with the least favorable (most adverse) rate			Data are available, but this group did not have the highest or lowest rate.			Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.																										
Population-based Objectives		Sex		Race and Ethnicity						Education ⁴					Family Income ⁵				Disability		Location																
		Male	Female	Summary Disparity Ratio ²	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary Disparity Ratio ³	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	Summary Disparity Ratio ³	Poor	Near-poor	Middle	Near-high	High	Summary Disparity Ratio ³	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio ²	Metropolitan	Nonmetropolitan	Summary Disparity Ratio ²						
Pregnancy Health and Behaviors—Continued																																					
MICH-11.3 Pregnant women abstaining from cigarette smoking (percent) (2007)				1.001								1.121*																							1.153*		
MICH-11.4 Pregnant women abstaining from illicit drug use in the past 30 days (percent, 15–44 years) (2012–2013)												1.025														1.020							1.023*				
Preconception Health and Behaviors																																					
MICH-14 Nonpregnant women consuming 400+ µg of folic acid (percent, 15–44 years) (2007–2010)												1.929*																									1.146
MICH-15 Nonpregnant women of childbearing potential who have lower red blood cell (RBC) folate concentrations (percent, 15–44 years) (2007–2010)												1.658*																									1.396*
MICH-16.2 Mothers who took daily multivitamins/folic acid in the month prior to pregnancy (percent) (2011)												1.648*																									2.081*
MICH-16.3 Mothers who did not smoke in the 3 months prior to pregnancy (percent) (2011)												1.246*																									1.156*
MICH-16.4 Mothers who did not drink alcohol in the 3 months prior to pregnancy (percent) (2011)												1.363*																									1.511*

Table 26–3. Midcourse Health Disparities¹ for Population-based Maternal, Infant, and Child Health Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND		Characteristics and Groups																													
At the midcourse data point		Group with the most favorable (least adverse) rate			Group with the least favorable (most adverse) rate			Data are available, but this group did not have the highest or lowest rate.			Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.																				
Population-based Objectives		Sex	Race and Ethnicity						Education ⁴					Family Income ⁵				Disability		Location											
		Male	Female	Summary Disparity Ratio ²	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary Disparity Ratio ³	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	Summary Disparity Ratio ³	Poor	Near-poor	Middle	Near-high	High	Summary Disparity Ratio ³	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio ²	Metropolitan	Nonmetropolitan	Summary Disparity Ratio ²
Preconception Health and Behaviors—Continued																															
MICH-16.5 Mothers having a healthy weight prior to pregnancy (percent) (2011)												1.463*							1.538*						1.287*						
MICH-16.6 Mothers using postpartum contraception (2011)												1.048*							1.007						1.010						
MICH-17.1 Women with impaired fecundity (percent, 18–44 years) (2011–2013)												1.112							1.316						1.133			1.817*			1.005
Postpartum Health and Behavior																															
MICH-18 Relapse after delivery among smokers who quit during pregnancy (2011)												2.056*							1.434*						1.556*						
Infant Care																															
MICH-20 Infants put to sleep on their backs (percent, <8 months) (2011)												1.142*							1.187*						1.189*						
MICH-21.1 Infants ever breastfed (percent) (2011)				1.007								1.212*							1.142*						1.128*						1.170*

Table 26–3. Midcourse Health Disparities¹ for Population-based Maternal, Infant, and Child Health Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND		Characteristics and Groups																													
At the midcourse data point		Group with the most favorable (least adverse) rate			Group with the least favorable (most adverse) rate			Data are available, but this group did not have the highest or lowest rate.			Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.																				
Population-based Objectives		Sex		Race and Ethnicity						Education ⁴					Family Income ⁵			Disability		Location											
		Male	Female	Summary Disparity Ratio ²	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary Disparity Ratio ³	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	Summary Disparity Ratio ³	Poor	Near-poor	Middle	Near-high	High	Summary Disparity Ratio ³	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio ²	Metropolitan	Nonmetropolitan	Summary Disparity Ratio ²
Infant Care—Continued																															
MICH-21.2 Infants breastfed at 6 months (percent) (2011)				1.006							1.555*							1.479*						1.339*						1.302*	
MICH-21.3 Infants breastfed at 1 year (percent) (2011)				1.065							1.928*							1.596*						1.263*						1.180	
MICH-21.4 Infants breastfed exclusively through 3 months (percent) (2011)				1.009							1.400*							1.386*						1.207*						1.147	
MICH-21.5 Infants breastfed exclusively through 6 months (percent) (2011)				1.046							1.492							1.389*						1.303*						1.280*	
MICH-23 Breastfed newborns receiving formula supplementation in first 2 days of life (percent) (2011)				1.101							1.606*							1.395*						1.290*						1.068	
Disability and Other Impairments																															
MICH-25 Fetal alcohol syndrome (per 10,000 live births) (2001–2004)											5.414 ¹																				
MICH-27 Children with cerebral palsy born at low birth weight (percent, Metropolitan Atlanta, 8 years) (2008)				1.028							1.202							1.141													

Table 26-3. Midcourse Health Disparities¹ for Population-based Maternal, Infant, and Child Health Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND		At the midcourse data point		Group with the most favorable (least adverse) rate	Group with the least favorable (most adverse) rate	Data are available, but this group did not have the highest or lowest rate.	Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.																								
Characteristics and Groups		Sex		Race and Ethnicity			Education ⁴			Family Income ⁵			Disability		Location																
Population-based Objectives		Male	Female	Summary Disparity Ratio ²	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary Disparity Ratio ³	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	Summary Disparity Ratio ³	Poor	Near-poor	Middle	Near-high	High	Summary Disparity Ratio ³	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio ²	Metropolitan	Nonmetropolitan	Summary Disparity Ratio ²
MICH-31.1	Children with special health care needs receiving care in family-centered, coordinated systems (percent, 0–11 years) (2009–2010)			1.001								1.625*							1.553*						1.666*						1.012
MICH-31.2	Children with special health care needs receiving care in family-centered, coordinated systems (percent, 12–17 years) (2009–2010)			1.049								1.616*							2.223*						2.418*						1.185*

NOTES
See [HealthyPeople.gov](https://www.healthypeople.gov) for all Healthy People 2020 data. The **Technical Notes** provide more information on the measures of disparities.

FOOTNOTES
¹**Health disparities** were assessed among population groups within specified demographic characteristics (sex, race and ethnicity, educational attainment, etc.). This assessment did not include objectives that were not population-based, such as those based on states, worksites, or those monitoring the number of events.
²When there were only two groups (e.g., male and female), the **summary disparity ratio** was the ratio of the higher to the lower rate.
³When there were three or more groups (e.g., white non-Hispanic, black non-Hispanic, Hispanic) and the most favorable rate (R_b) was the highest rate, the **summary disparity ratio** was calculated as R_b/R_a , where R_a = the average of the rates for all other groups. When there were three or more groups and the most favorable rate was the lowest rate, the summary disparity ratio was calculated as R_a/R_b .
⁴Unless otherwise footnoted, data do not include persons under age 25 years.

FOOTNOTES—Continued
⁵Unless otherwise footnoted, the poor, near-poor, middle, near-high, and high income groups are for persons whose family incomes were less than 100%, 100%–199%, 200%–399%, 400%–599%, and at or above 600% of the poverty threshold, respectively.
[†]The summary disparity ratio was not tested for statistical significance because standard errors of the data were not available or normality on the natural logarithm scale could not be assumed.
^{*}The summary disparity ratio was significantly greater than 1.000. Statistical significance was assessed at the 0.05 level using a normal one-sided test on the natural logarithm scale.
^aSex of the child.
^bRace/ethnicity of the mother.
^cData are for Asian or Pacific Islander persons.
^dData include persons of Hispanic origin.
^eData are for persons who completed some college or received an associate's degree.
^fData are for persons who graduated from college or above.
^gData are for persons whose family income was 400% to 499% of the poverty threshold.
^hData are for persons whose family income was 500% or more of the poverty threshold.
ⁱData do not include persons under age 20 years.
^jData are for persons with activity limitations.

Table 26–3. Midcourse Health Disparities¹ for Population-based Maternal, Infant, and Child Health Objectives—Continued

FOOTNOTES—Continued

^aData are for persons without activity limitations.

^bData are for Mexican-American persons.

^cData are for persons who completed more than high school.

^dData are for persons whose family income was at or below 100% of the poverty threshold.

^eData are for persons whose family income was 101% to 200% of the poverty threshold.

^fData are for persons whose family income was 200% or more of the poverty threshold.

^gEducation level of the mother.

^hData do not include persons of Hispanic origin.

ⁱData are for persons whose family income was 400% or more of the poverty threshold.

^jEducation level of the parent.

DATA SOURCES

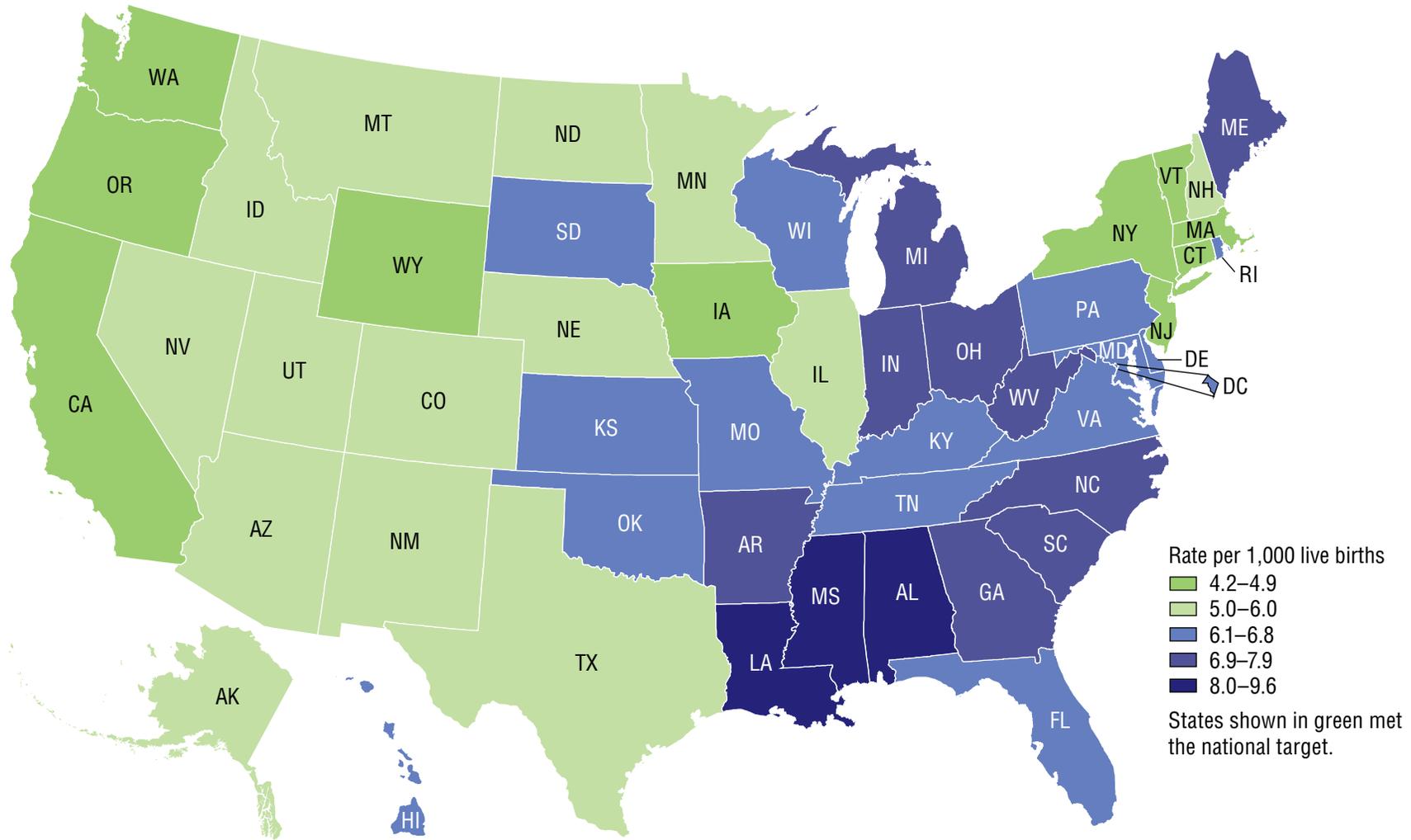
MICH-1.1	National Vital Statistics System—Fetal Death (NVSS–FD), CDC/NCHS; National Vital Statistics System—Natality (NVSS–N), CDC/NCHS
MICH-1.2	Linked Birth/Infant Death Data Set, CDC/NCHS; National Vital Statistics System—Fetal Death (NVSS–FD), CDC/NCHS
MICH-1.3	Linked Birth/Infant Death Data Set, CDC/NCHS
MICH-1.4	Linked Birth/Infant Death Data Set, CDC/NCHS
MICH-1.5	Linked Birth/Infant Death Data Set, CDC/NCHS
MICH-1.6	Linked Birth/Infant Death Data Set, CDC/NCHS
MICH-1.7	Linked Birth/Infant Death Data Set, CDC/NCHS
MICH-1.8	Linked Birth/Infant Death Data Set, CDC/NCHS
MICH-1.9	Linked Birth/Infant Death Data Set, CDC/NCHS
MICH-2	National Birth Defects Prevention Network (NBDPN), CDC/NCBDDD
MICH-3.1	National Vital Statistics System—Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
MICH-3.2	National Vital Statistics System—Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
MICH-4.1	National Vital Statistics System—Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
MICH-4.2	National Vital Statistics System—Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
MICH-4.3	National Vital Statistics System—Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
MICH-5	National Vital Statistics System—Mortality (NVSS–M), CDC/NCHS; National Vital Statistics System—Natality (NVSS–N), CDC/NCHS
MICH-6	National Hospital Discharge Survey (NHDS), CDC/NCHS
MICH-7.1	National Vital Statistics System—Natality (NVSS–N), CDC/NCHS
MICH-7.2	National Vital Statistics System—Natality (NVSS–N), CDC/NCHS
MICH-8.1	National Vital Statistics System—Natality (NVSS–N), CDC/NCHS
MICH-8.2	National Vital Statistics System—Natality (NVSS–N), CDC/NCHS
MICH-9.1	National Vital Statistics System—Natality (NVSS–N), CDC/NCHS
MICH-9.2	National Vital Statistics System—Natality (NVSS–N), CDC/NCHS
MICH-9.3	National Vital Statistics System—Natality (NVSS–N), CDC/NCHS
MICH-9.4	National Vital Statistics System—Natality (NVSS–N), CDC/NCHS
MICH-10.1	National Vital Statistics System—Natality (NVSS–N), CDC/NCHS
MICH-10.2	National Vital Statistics System—Natality (NVSS–N), CDC/NCHS
MICH-11.1	National Survey on Drug Use and Health (NSDUH), SAMHSA
MICH-11.2	National Survey on Drug Use and Health (NSDUH), SAMHSA
MICH-11.3	National Vital Statistics System—Natality (NVSS–N), CDC/NCHS

DATA SOURCES—Continued

MICH-11.4	National Survey on Drug Use and Health (NSDUH), SAMHSA
MICH-14	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
MICH-15	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
MICH-16.2	Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California’s Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)
MICH-16.3	Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California’s Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)
MICH-16.4	Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California’s Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)
MICH-16.5	Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California’s Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)
MICH-16.6	Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California’s Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)
MICH-17.1	National Survey of Family Growth (NSFG), CDC/NCHS
MICH-18	Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California’s Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)
MICH-20	Pregnancy Risk Assessment Monitoring System (PRAMS), CDC/NCCDPHP; California’s Maternal and Infant Health Assessment (MIHA), California Department of Public Health (CDPH)
MICH-21.1	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS
MICH-21.2	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS
MICH-21.3	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS
MICH-21.4	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS
MICH-21.5	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS
MICH-23	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS
MICH-25	Fetal Alcohol Surveillance System Network (FASSNet), CDC/NCBDDD; National Vital Statistics System—Natality (NVSS–N), CDC/NCHS
MICH-27	Autism and Developmental Disabilities Monitoring Network (ADDM), CDC/NCBDDD
MICH-28.1	National Birth Defects Prevention Network (NBDPN), CDC/NCBDDD; National Vital Statistics System—Natality (NVSS–N), CDC/NCHS
MICH-28.2	National Birth Defects Prevention Network (NBDPN), CDC/NCBDDD; National Vital Statistics System—Natality (NVSS–N), CDC/NCHS
MICH-29.1	National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS
MICH-29.2	Autism and Developmental Disabilities Monitoring Network (ADDM), CDC/NCBDDD
MICH-29.3	Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDDSP), CDC/NCBDDD
MICH-30.1	National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS
MICH-30.2	National Survey of Children with Special Health Care Needs (NS–CSHCN), HRSA/MCHB and CDC/NCHS
MICH-31.1	National Survey of Children with Special Health Care Needs (NS–CSHCN), HRSA/MCHB and CDC/NCHS
MICH-31.2	National Survey of Children with Special Health Care Needs (NS–CSHCN), HRSA/MCHB and CDC/NCHS

Map 26–1. All Infant (< 1 year) Deaths, by State: 2013

Healthy People 2020 Objective MICH-1.3 • National Target = 6.0 per 1,000 live births • National Rate = 6.0 per 1,000 live births

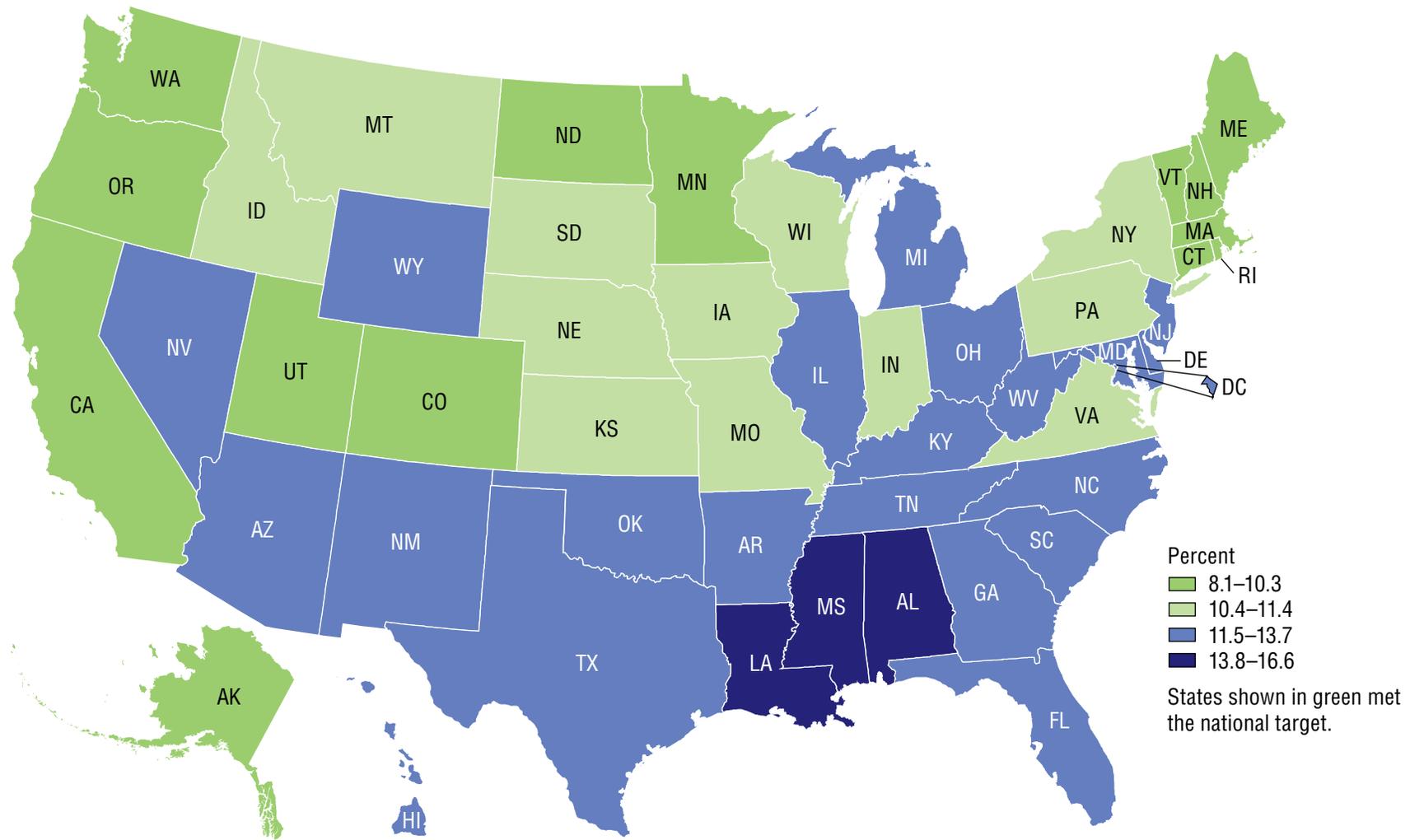


NOTES: Data are for deaths of infants under 1 year of age. Data are displayed by a modified Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The [Technical Notes](#) provide more information on the data and methods.

DATA SOURCE: Linked Birth/Infant Death Data Set, CDC/NCHS

Map 26–2. Total Preterm Live Births (< 37 completed weeks of gestation), by State: 2013

Healthy People 2020 Objective MICH-9.1 • National Target = 11.4% • National Rate = 11.4%

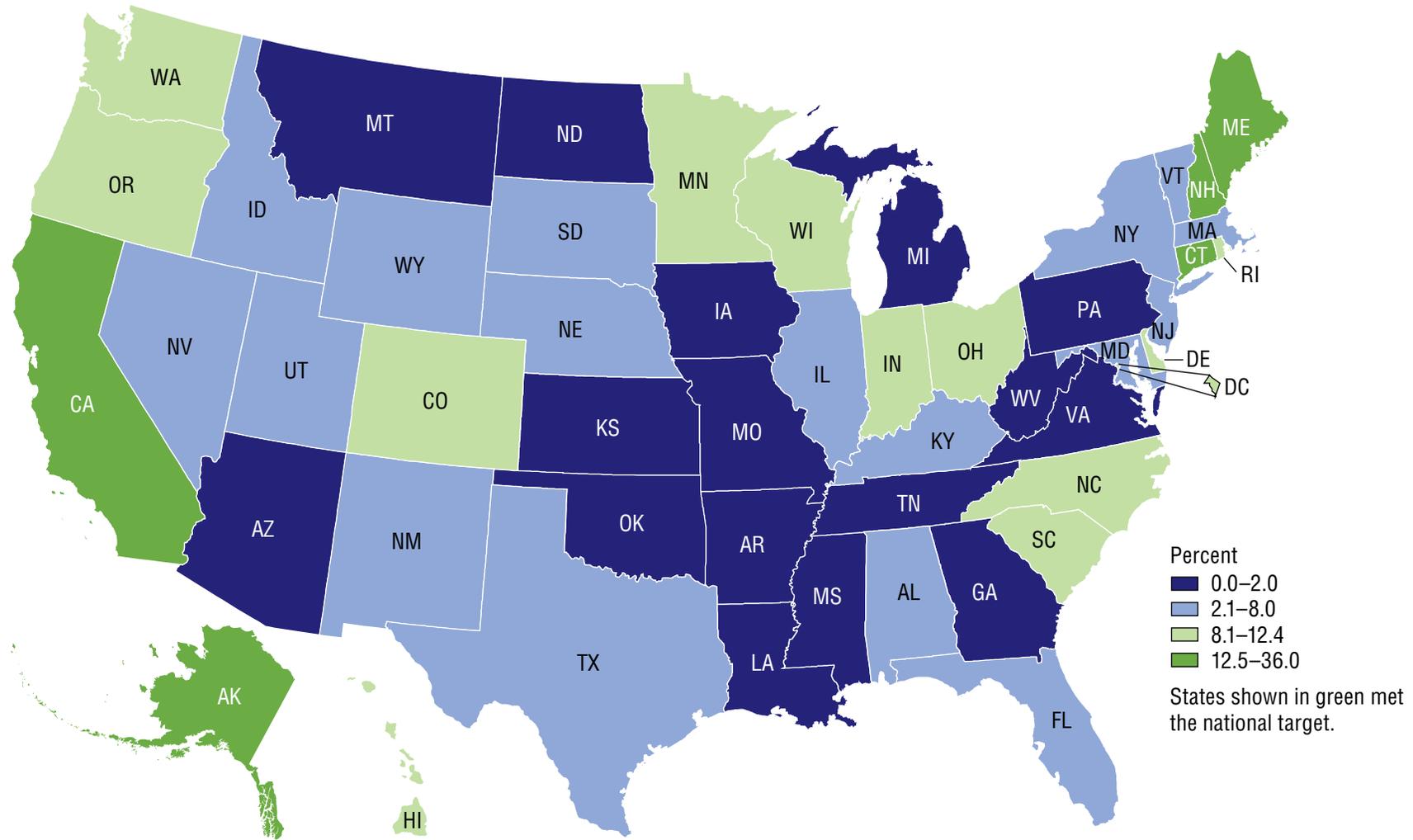


NOTES: Data are for infants born before 37 completed weeks of gestation. Data are displayed by a modified Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The [Technical Notes](#) provide more information on the data and methods.

DATA SOURCE: National Vital Statistics System–Nativity (NVSS–N), CDC/NCHS

Map 26–3. Live Births in Facilities That Provided Recommended Care for Lactating Mothers and Babies, by State: 2014

Healthy People 2020 Objective MICH-24 • National Target = 8.1% • National Rate = 7.8%

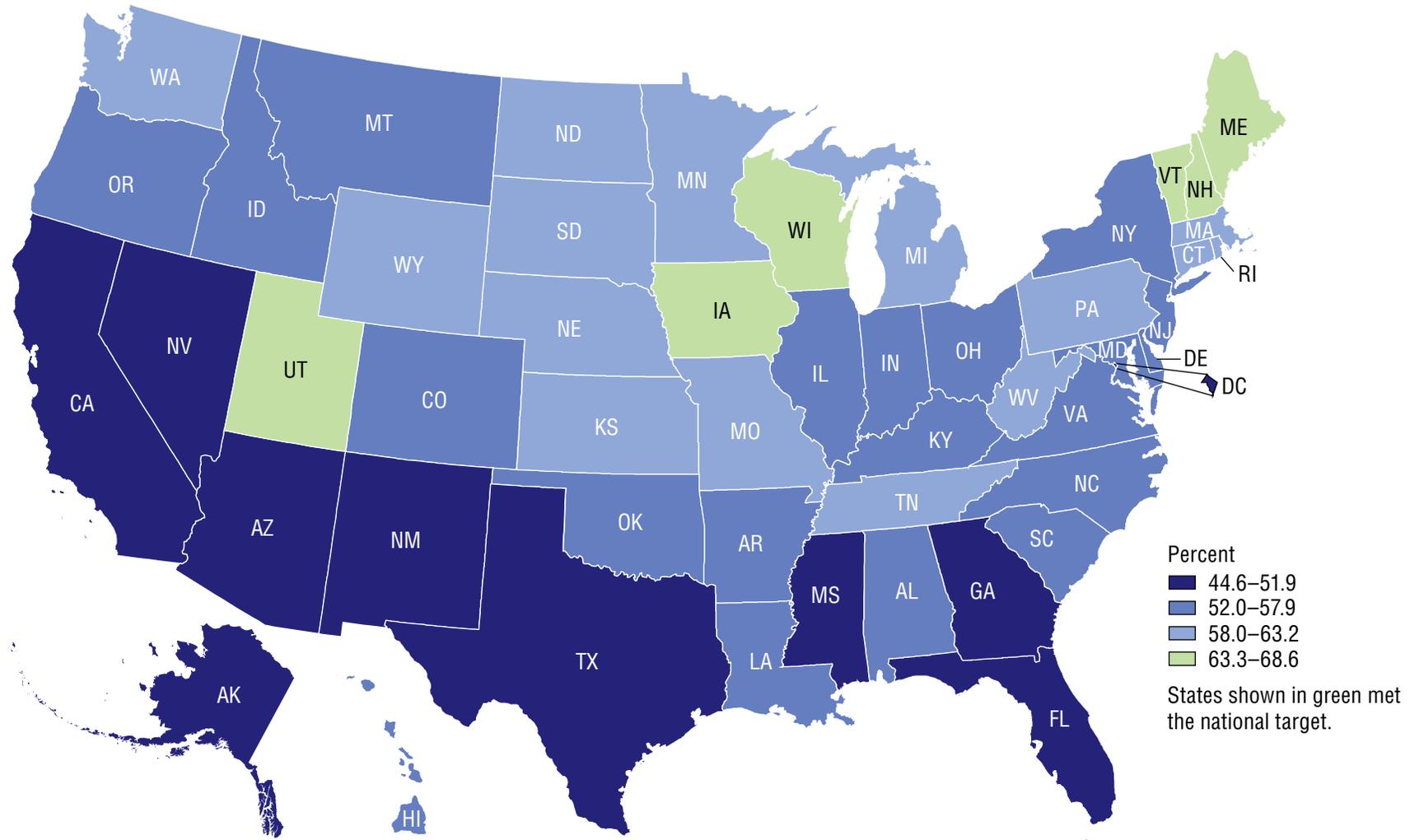


NOTES: Data are for live births that occurred in hospitals and birth centers designated as providing all the recommended elements of care for lactating mothers and their babies. Data are displayed by a modified Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The [Technical Notes](#) provide more information on the data and methods.

DATA SOURCE: Breastfeeding Report Card, CDC/NCCDPHP

Map 26–4. Children (< 18 years) Who Had a Medical Home, by State: 2011–2012

Healthy People 2020 Objective MICH-30.1 • National Target = 63.3% • National Rate = 54.4%



NOTES: Data are for children under 18 years who received care in medical homes. Data are displayed by a modified Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The [Technical Notes](#) provide more information on the data and methods.

DATA SOURCE: National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS