



PERINATAL AND INFANT HEALTH

Rhode Island Issue Brief

What is Perinatal and Infant Health?

The perinatal period refers to the period immediately before and after birth. Perinatal health is the health of people before, during, and after a baby is born. Infant health refers to the period before a child’s first birthday. This is a very critical period for a child’s growth and development.

Care received during pregnancy – called prenatal care – can affect health outcomes for pregnant women and their infants. The Rhode Island Department of Health (RIDOH) strives to ensure that all pregnant people receive timely, high-quality, culturally sensitive prenatal care.



About the Data

Infant health data include rates of preterm birth (less than 37 weeks gestation), low birth weight (baby is born weighing less than five pounds, eight ounces), and infant mortality (the death of an infant before their first birthday). These data often reflect the health of an entire population and its children.

The data presented in this document reflect the terms used when those data were collected. This includes terms used to describe pregnant people (such as “maternal”) and data related to age, race, and ethnicity. RIDOH recognizes that these terms may not reflect how people and communities define themselves. We acknowledge these limits and strive to use language that is welcoming and inclusive of every Rhode Islander whenever possible.

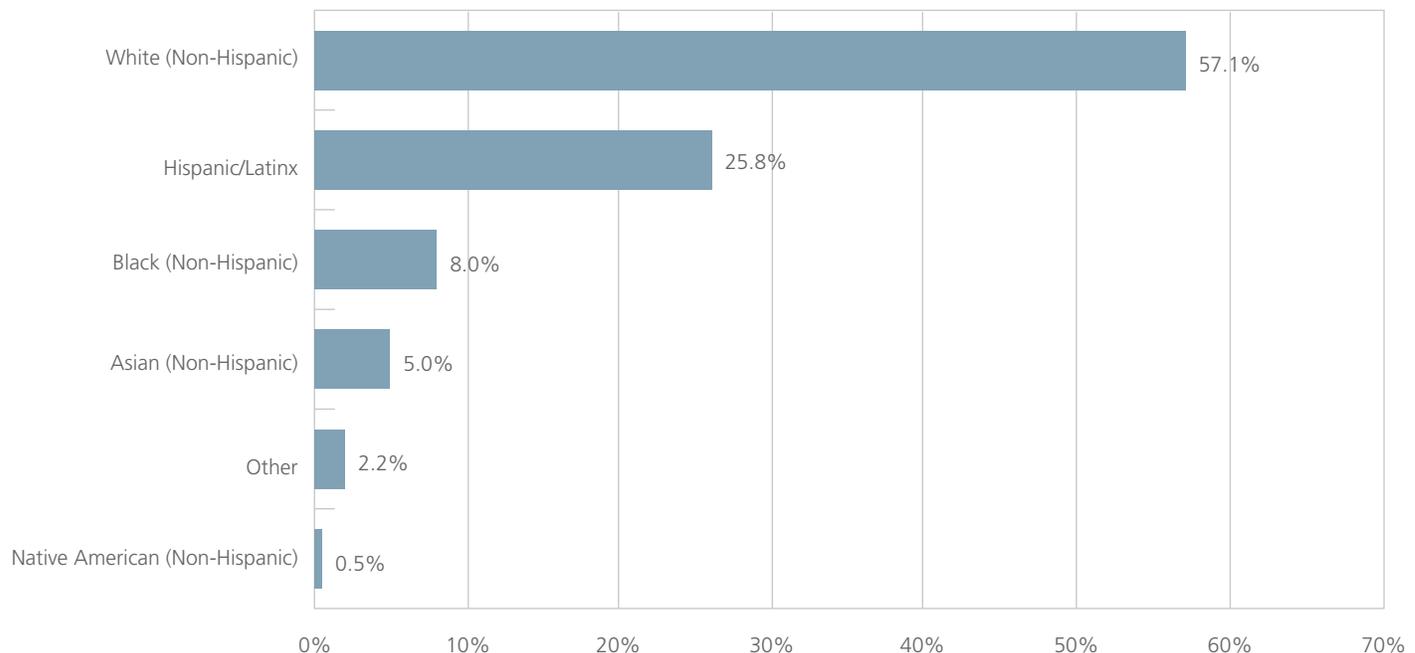
Demographics

Rhode Island Population | 1,059,639

Total Resident Births | 10,635

This section provides data on Rhode Island infants born during 2017.

Figure 1
Maternal Race/Ethnicity Among Live Resident Births in Rhode Island



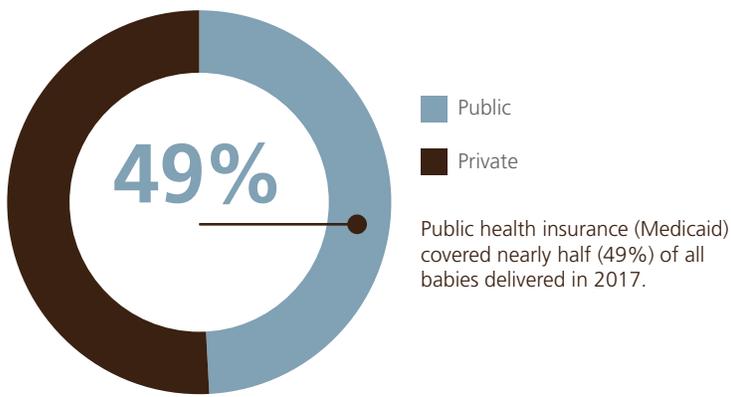
Source: Vital Records, Rhode Island Department of Health, 2017

NOTES: While these data were originally collected using the terms Hispanic and Non-Hispanic, this report uses the term Hispanic/Latinx as a more inclusive alternative to Hispanic, Latino, or Latina.

More than half (57%) of infants born during 2017 were White (Non-Hispanic), and about a quarter (26%) were Hispanic/Latinx.

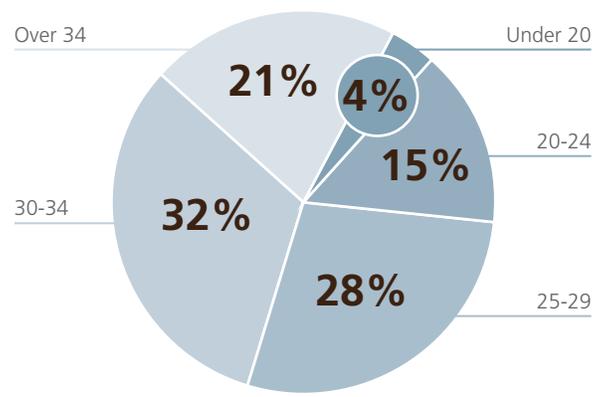


Figure 2
Maternal Insurance Type at Delivery, Among Live Resident Births in Rhode Island (2017)



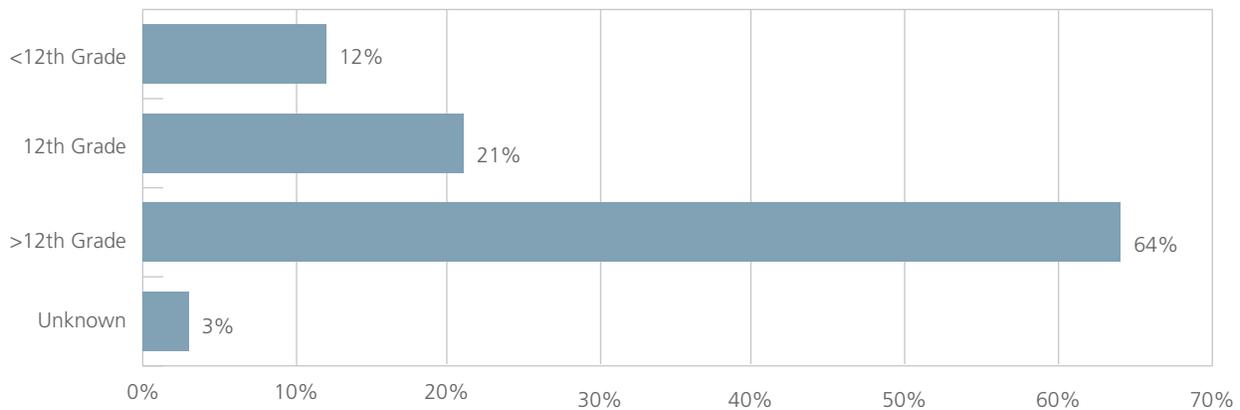
Source: Vital Records, Rhode Island Department of Health

Figure 3
Maternal Age, Among Live Resident Births in Rhode Island (2017)



Source: Vital Records, Rhode Island Department of Health

Figure 4
Maternal Education Level, Among Live Resident Births in Rhode Island (2017)



Source: Vital Records, Rhode Island Department of Health

This chart shows the highest education level of women who gave birth to infants in 2017. Nearly two in three of these women had more than a 12th grade education.

NATIONAL MEASURES

Rhode Island Infants *versus* US Infants

National Measure

How Does Rhode Island Compare to the Country as a Whole?

	RI	versus	US	YEAR
Percent of preterm births (Less than 37 weeks gestational age) ^{1,2}	9.3%	vs	9.9%	2018
Percent of low birth weight deliveries (< 5 ½ pounds) ^{1,2}	7.9%	vs	8.2%	2018
Percent of Cesarean deliveries among low-risk births ^{1,2}	24.3%	vs	25.7%	2018
Percent of infants who were ever breastfed ³	80.6%	vs	82.5%	2017
Percent of infants breastfed exclusively through six months ³	26.6%	vs	24.9%	2017
Infants placed to sleep on their backs ^{4,5}	75.7%	vs	79.5%	2017
Infant mortality rate per 1,000 live births ^{1,2}	5.6	vs	4.6	2017

KEY FACTS

Based on the Most Recent Data Available for Rhode Island

The leading cause of death:

- among infants up to 1 month old is **preterm-related**.
- among infants 1 month old up to age 1 is **sleep-related**.¹



36%

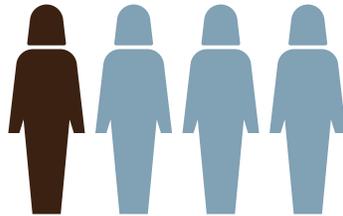


of children referred to First Connections at birth engage with a family visitor for support and connection with community resources.⁸

Women **younger than 20** years old are more likely to give birth to a newborn with a **birth defect** than any other age group.⁶

Cesarean delivery rates, by hospital, ranged from **about 24%** to nearly **40%**¹

1 in 4 mothers report not placing their infants to **sleep on their backs**.^{4,7}



In 2019, **all eligible newborns** received a newborn blood spot screen.⁸



HEALTH INEQUITIES

Based on the Most Recent Data Available for Rhode Island

This section provides data on health inequities. Health inequities are systemic, avoidable, unfair, and unjust differences in health status across population groups.

RIDOH recognizes that the conditions in which people are born, grow, live, learn, work, and play affect health in powerful ways. Public health research and data show that many adverse health outcomes have resulted from generations-long social, economic, and environmental inequities. These inequities include poverty, discrimination, racism, and their consequences. For example, segregation in housing and education and racist mortgage lending and zoning policies have affected communities differently and have had a greater influence on health outcomes than genetics, individual choices, or access to healthcare.

Removing obstacles to health and improving access to good jobs with fair pay, quality education and housing, safe environments, and healthcare can help reduce health inequities and improve opportunities for every Rhode Islander.

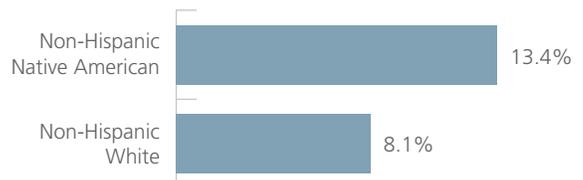
Non-Hispanic Black infants have nearly **4x** the **infant mortality** rate of Non-Hispanic White infants.¹

4x

Woonsocket and West Warwick have the highest rates of **neonatal abstinence syndrome (NAS)**.^{9,10}



Non-Hispanic Native American infants have a higher **preterm birth** rate than Non-Hispanic White infants.¹



Footnotes

¹ RIDOH's Center for Vital Records

² National Vital Statistics System (NVSS)

³ National Immunization Survey

⁴ Rhode Island Pregnancy Risk Assessment Monitoring System (PRAMS)

⁵ Pregnancy Risk Assessment Monitoring System (PRAMS - National Dataset)

⁶ Rhode Island Birth Defects Program

⁷ As recommended by the American Academy of Pediatrics to reduce the risk of sudden infant death syndrome

⁸ Rhode Island KIDSNET Program

⁹ NAS is a constellation of signs and symptoms of withdrawal among infants exposed prenatally to opioid drugs or other medications.

¹⁰ Rhode Island Hospital Discharge Data (HDD)

RIDOH would like to acknowledge the contributions of **SISTA Fire** for providing their time and feedback on the content and development of this publication. SISTA Fire is a small and growing network of women of color from across Rhode Island who are on a journey to create a space where they can build foundations for deep solidarity across differences, strengthen community connections, and create change in their lives and communities.



For additional information about the data presented in this issue brief, please contact Will Arias at William.Arias@health.ri.gov.

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