



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.

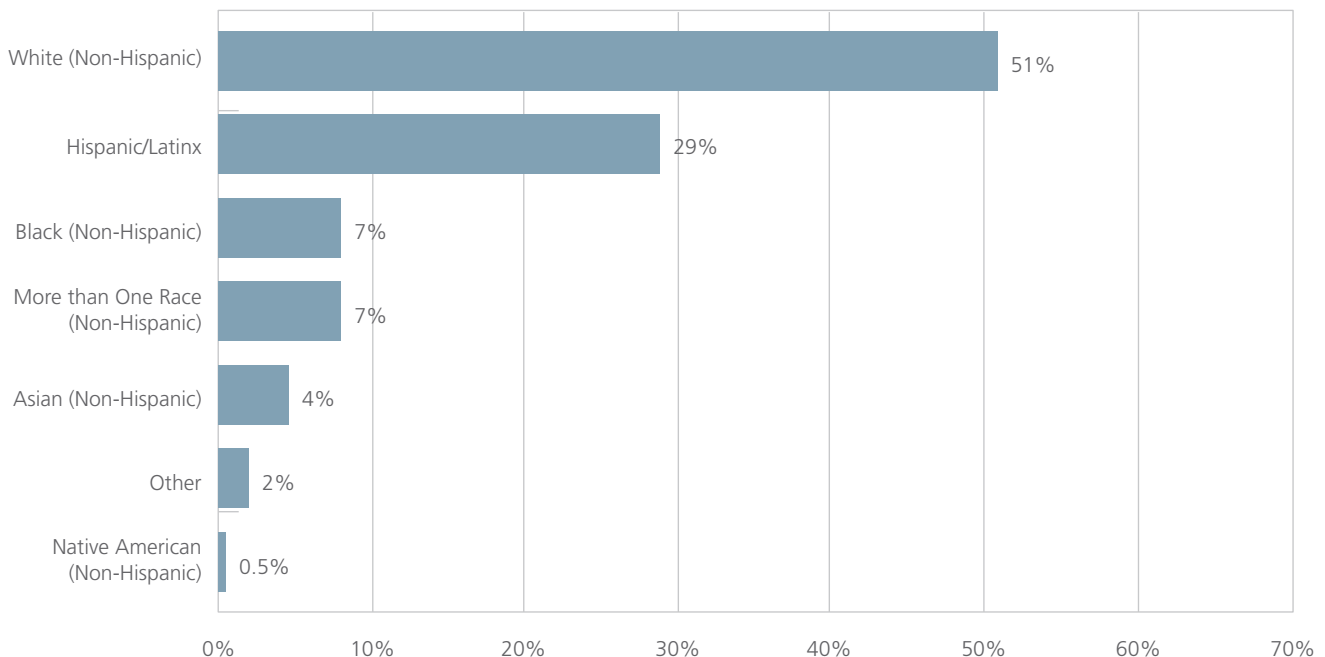
Demographics

Rhode Island Population | 1,097,379

Total Resident Births | 10,260

This section provides data on Rhode Island infants born during 2022.

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



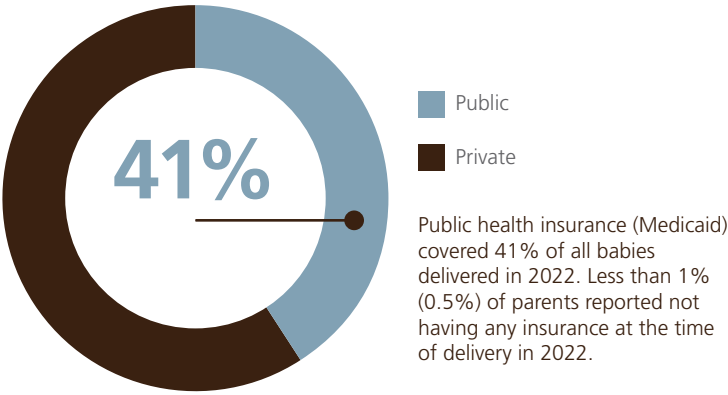
Source: Vital Records, Rhode Island Department of Health, 2022

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 (51%) of infants born during 2022 were White (Non-Hispanic), and more than a quarter (29%) were Hispanic/Latinx.

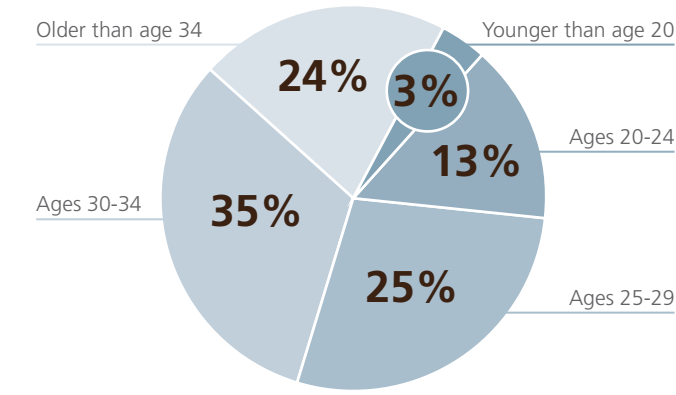


Figure 2
Maternal Insurance Type at Delivery, Among Live Resident Births in Rhode Island (2022)



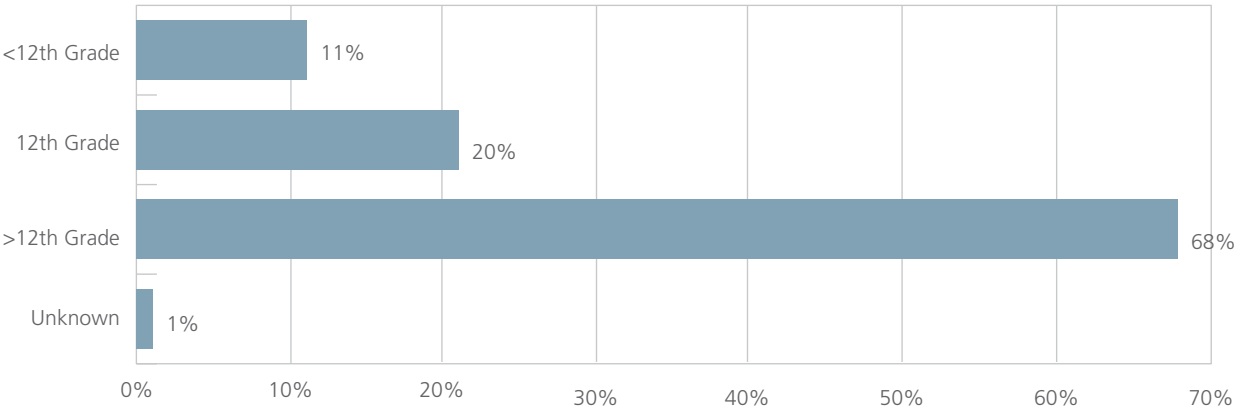
Source: Vital Records, Rhode Island Department of Health, 2022

Figure 3
Maternal Age, Among Live Resident Births in Rhode Island (2022)



Source: Vital Records, Rhode Island Department of Health, 2022

Figure 4
Maternal Education Level, Among Live Resident Births in Rhode Island (2022)



Source: Vital Records, Rhode Island Department of Health, 2022

This chart shows the highest education level of women who gave birth to infants in 2022. About two in three women who gave birth in 2022 had an education higher than 12th grade.

NATIONAL MEASURES Rhode Island Infants

National Measure	How do Rhode Island Infants Compare with Others?			
	US		RI	New England
Percent of preterm births (< 37 weeks gestational age) ^{1,2}	10.5%	VS	9.6%	VS 9.2%
Percent of low birth weight deliveries (< 5 ½ pounds) ^{1,2,11}	8.5%	VS	7.9%	VS 7.6%
Percent of infants who were ever breastfed ³	83.2%	VS	82.4%	VS 82.4%
Percent of infants breastfed exclusively through six months ³	24.9%	VS	22.9%	VS 28.5%
Percent of infants placed to sleep on their backs ^{4,7}	81.4%	VS	82.1%	VS 85%
Infant mortality rate per 1,000 live births ^{1,2}	5.4	VS	4.0	VS 4.3

● Rhode Island better than comparison ● Rhode Island same as comparison ● Rhode Island worse than comparison

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



9%

fewer children received First Connections services in 2022 than the previous year.⁹

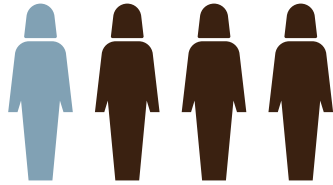


Among those estimated to be eligible, **54%** were enrolled in WIC.¹⁰



Low-risk **cesarean** rates by birthing facility range from **26%** to **35%**^{1,5}

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



In 2022, nearly **all eligible newborns** received a blood spot screen.⁸



Exclusive breastfeeding at six months in RI (**22.3%**) has not yet reached the Healthy People 2030 target of **42.4%**⁶



4.9% of all newborns were exposed to at least one controlled substance during pregnancy⁸



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.

Nearly **2x** as many Hispanic mothers reported **not currently reading to their infants** compared to Non-Hispanic White mothers⁴

Non-Hispanic Black infants have the **highest rate of low birth rate (11.7%)** among all racial/ethnic groups^{1,11}

Non-Hispanic Black infants have nearly **2.5x** the **infant mortality rate** of Non-Hispanic White infants¹

Non-Hispanic Native American and Black infants share the **highest preterm birth rate**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 A low-risk birth is a first-time, term (greater than 37 weeks gestation), and singleton birth with a cephalic presentation.
- ⁶ Rhode Island Breastfeeding Report, 2023
- ⁷ As recommended by the American Academy of Pediatrics to reduce the risk of sudden infant death syndrome
- ⁸ Rhode Island KIDSNET Program
- ⁹ RIDOH's Family Visiting Program
- ¹⁰ RIDOH's WIC Program
- ¹¹ Low birth weight is defined as a birth weight < 2500 grams or about 5.5 pounds

Rhode Island Maternal and Child Health program's mission is to support & promote the health of all birthing parents, children, and their families; identify and reduce inequities among mothers and children; and improve health outcomes among Rhode Island families. In short, **Rhode Island MCH is committed to ensuring equity in the maternal and child health system.**

Rhode Island's Maternal and Child Health Program is designated as Rhode Island's Title V Authority under the Social Security Act of 1975. Title V, as the only federal legislation that focuses solely on improving the health of the nation's mothers and children, is a state - federal partnership for resource development, capacity and systems building, public information and education, and technical assistance to communities for MCH's 5 domains, including Women/Mothers, Infants, Children, Adolescents, Children with Special Healthcare Needs. For more information regarding the initiatives and collaborations of RI's MCH program, please visit the RI Department of Health Maternal Child Health Program web page.



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