

Maternal and Infant Health: Highlights from the Indicators

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**Blue Cross
Blue Shield**
of Rhode Island

Rhode Island KIDS COUNT is grateful to
Blue Cross & Blue Shield of Rhode Island
for its support of these indicators and this event.



Maternal Health

Maternal health before pregnancy, during pregnancy, and after birth impacts health outcomes for mothers and children.

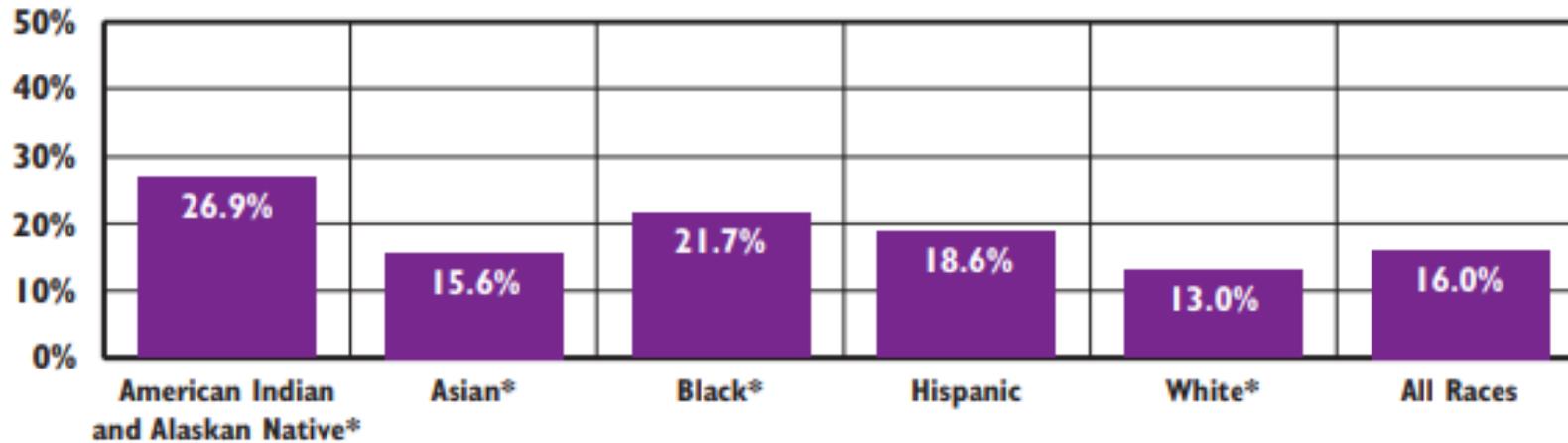
Barriers to Prenatal Care

- Not knowing you are pregnant
- Not being able to get an appointment or start care when desired
- Lack of transportation
- Lack of child care
- Inability to get time off work
- Lack of insurance or money to pay for desired care

The Importance of Primary Care Access

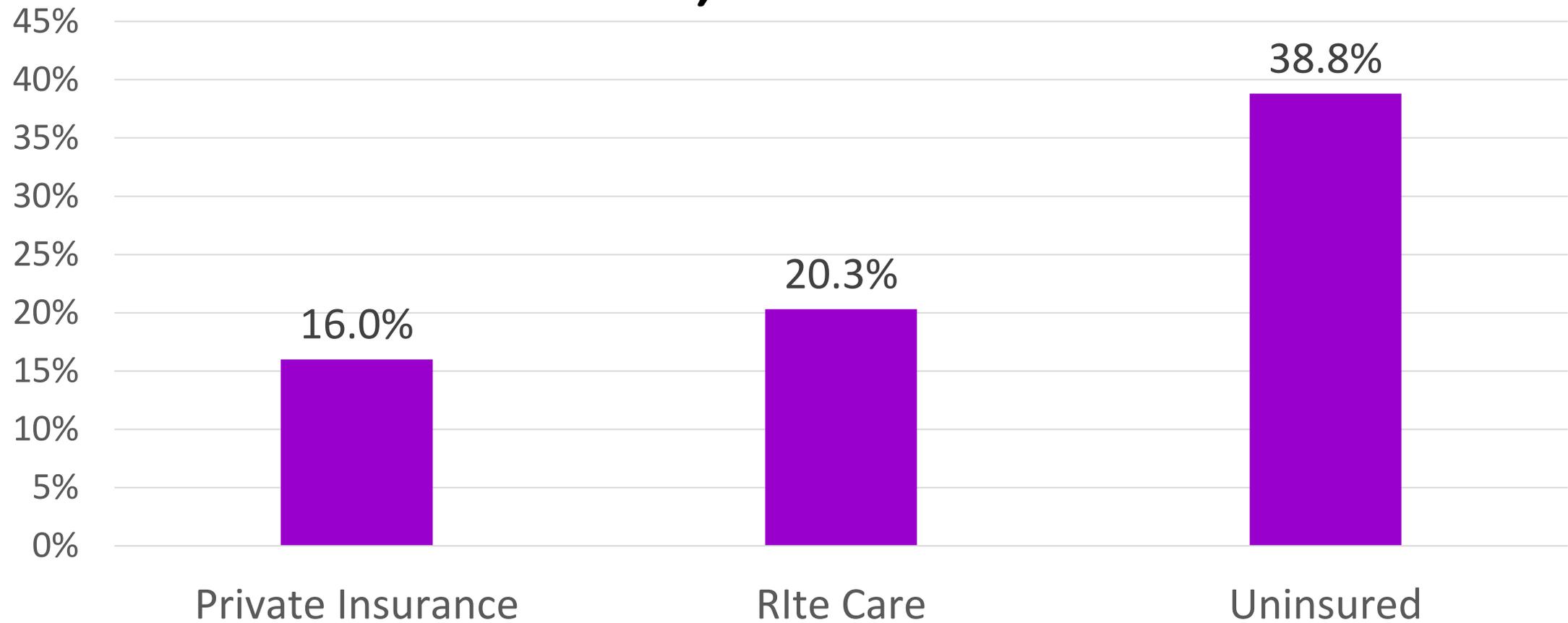
- Opportunity to discuss preconception health
- Opportunity to discuss management of chronic health conditions or past health history that may have an impact on pregnancy health, birth outcomes, and postpartum health
 - Hypertension that could increase risk of preeclampsia
 - Mental health
 - Substance use
 - Nutrition
 - History of domestic violence
 - Social stressors


**Women With Delayed or No Prenatal Care by Race/Ethnicity,
Rhode Island, 2019-2023**



- Between 2019 and 2023 in Rhode Island, American Indian and Alaskan Native, Black, Hispanic, and Asian women were more likely to receive delayed or no prenatal care than white women.
- Women in the four core cities (19.7%) were also more likely than women in the remainder of the state (13.6%) to receive late prenatal care or no prenatal care.

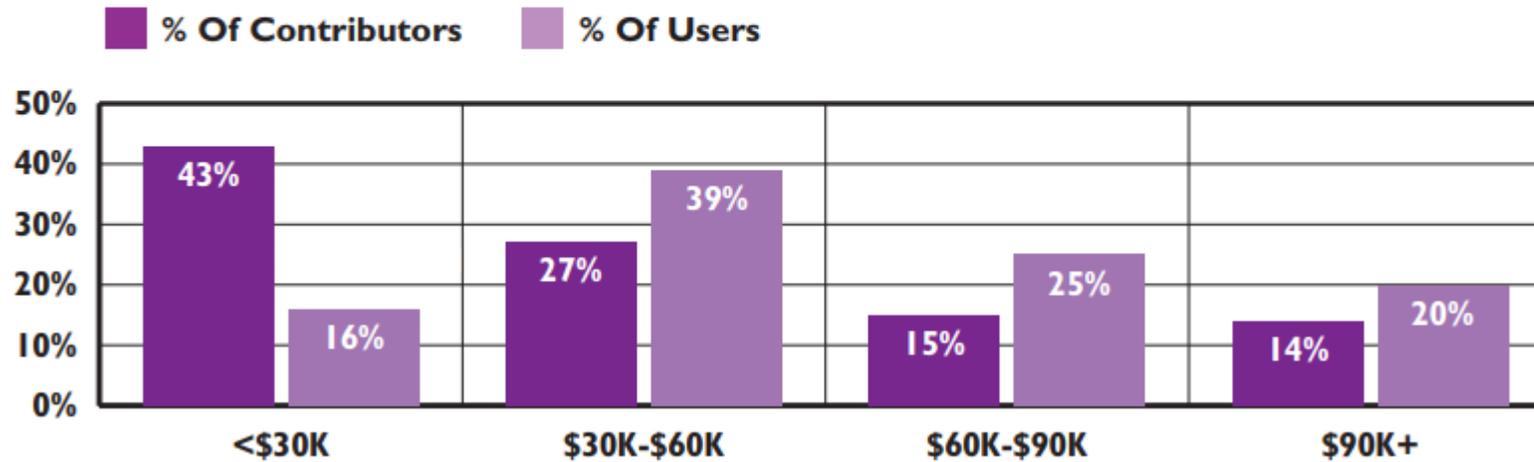
Delayed or No Prenatal Care by Insurance Status, 2019-2023



Social Factors Impacting Maternal Health

- Poverty
- Food security
- Housing security
- Access to paid family leave
- Education
- Age
- Racial and ethnic disparities

Approved Temporary Caregiver Insurance Claims Compared to Contributions by Wage Range, 2024



- Rhode Island's paid family leave program has the lowest wage replacement rate (60%) and fewest number of weeks (7) among the 12 states with paid family leave. Low wage replacement rates negatively impacts use of the program.
- There were 9,391 approved claims for TCI during 2024 (up from 8,932 in 2023); 79% were to bond with a new child and 21% were to care for a seriously ill family member.
- Forty-five percent of claims to bond with a new child were filed by men and 55% by women.

Maternal Mental Health

- Perinatal mood and anxiety disorders (including anxiety and depression that occurs during pregnancy or in the first year after birth) are one of the most common complications of pregnancy.
- Approximately one in six Rhode Island women report experiencing depression during pregnancy.
- Untreated mental health disorders during pregnancy and after having a baby can lead to negative outcomes such as preterm birth, trouble bonding with infants, and difficulty breastfeeding.



RI MomsPRN Perinatal Patients Served by Race in Rhode Island, 2019-2024

American Indian or Alaska Native	2.1%
Asian	2.1%
Black or African American	16.5%
Native Hawaiian or Other Pacific Islander	1.2%
Multiracial/ Other Race	13.6%
White	64.6%

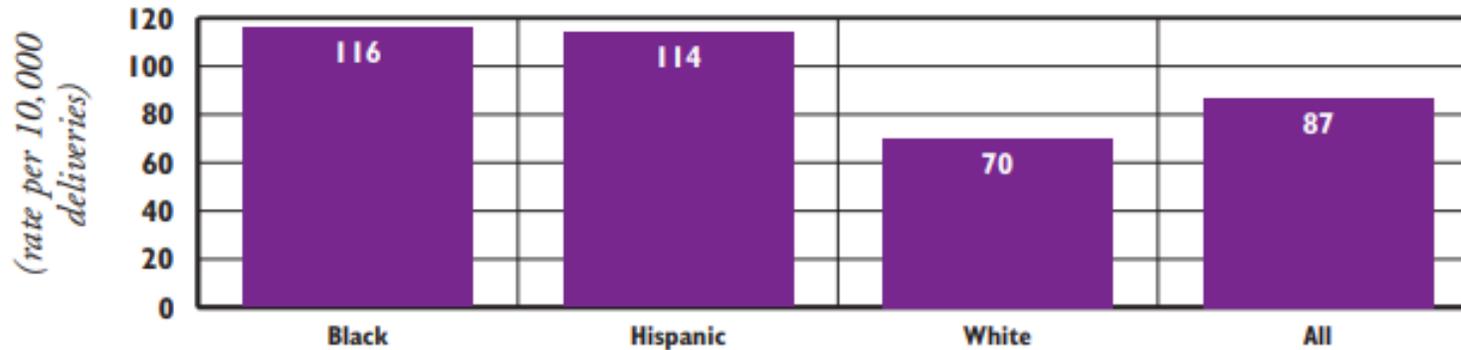
Source: RI MomsPRN Issue Brief, September 2019-December 2024.

- Statewide teleconsultation program that supports health care professionals in identifying and managing the mental health and substance use needs of pregnant and postpartum patients.
- Between 2019 and 2024, RI MomsPRN helped over 2,500 perinatal patients.
 - 61.5% had public insurance
 - 38.1% had commercial insurance
 - >1% had no insurance.
- The program addresses inequities through targeted outreach.

Substance Use During Pregnancy and at Birth

- Neonatal Abstinence Syndrome (NAS) refers to a withdrawal syndrome that can occur in newborns exposed to certain substances during pregnancy, including opioids.
- In Rhode Island in 2022, 61 newborns were diagnosed with NAS, at a rate of 60 per 10,000 newborn hospitalizations, a decrease from 2021 when rate was 73 per 10,000 newborn hospitalizations.
- Rhode Island has a Plan of Safe Care process that supports infants born affected by prenatal substance exposure, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder and their families and facilitates access to services like Family Home Visiting, Early Intervention, and recovery supports for caregivers.


Severe Maternal Morbidity Rate per 10,000 deliveries by Race/Ethnicity, Rhode Island, 2019-2023

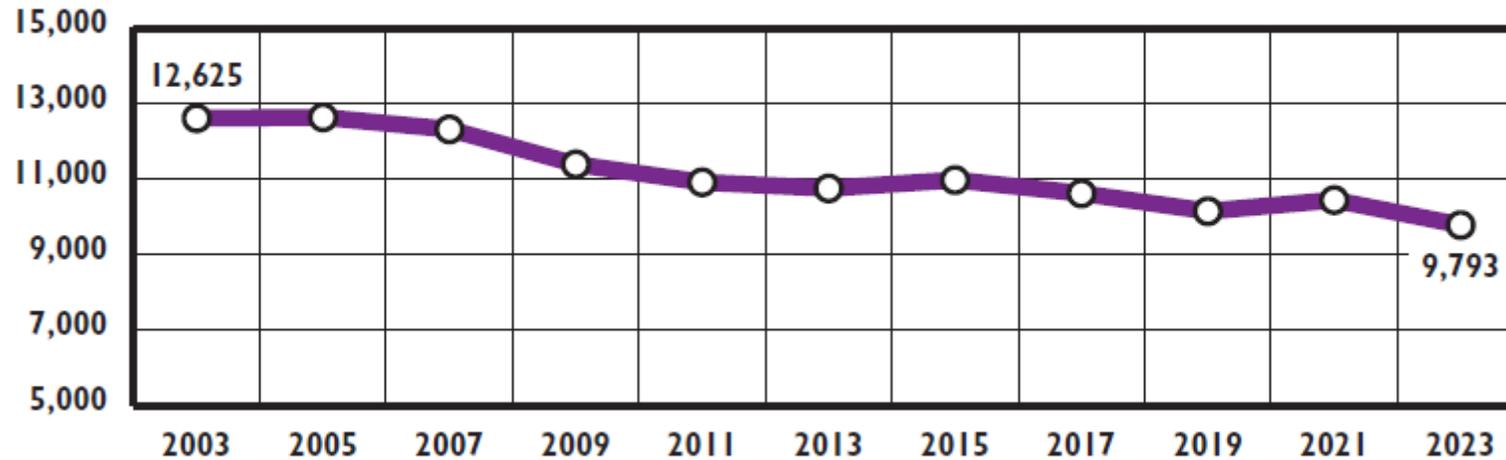


- Nationally, Black women are almost three times more likely than white women to die of pregnancy-related complications.
- In 2023, the Rhode Island severe maternal morbidity rate was 76 per 10,000 delivery hospitalizations.
- Black (116 per 10,000) and Hispanic (114 per 10,000) women had higher rates of maternal morbidity than white women (70 per 10,000) between 2019 and 2023.



Infant Health

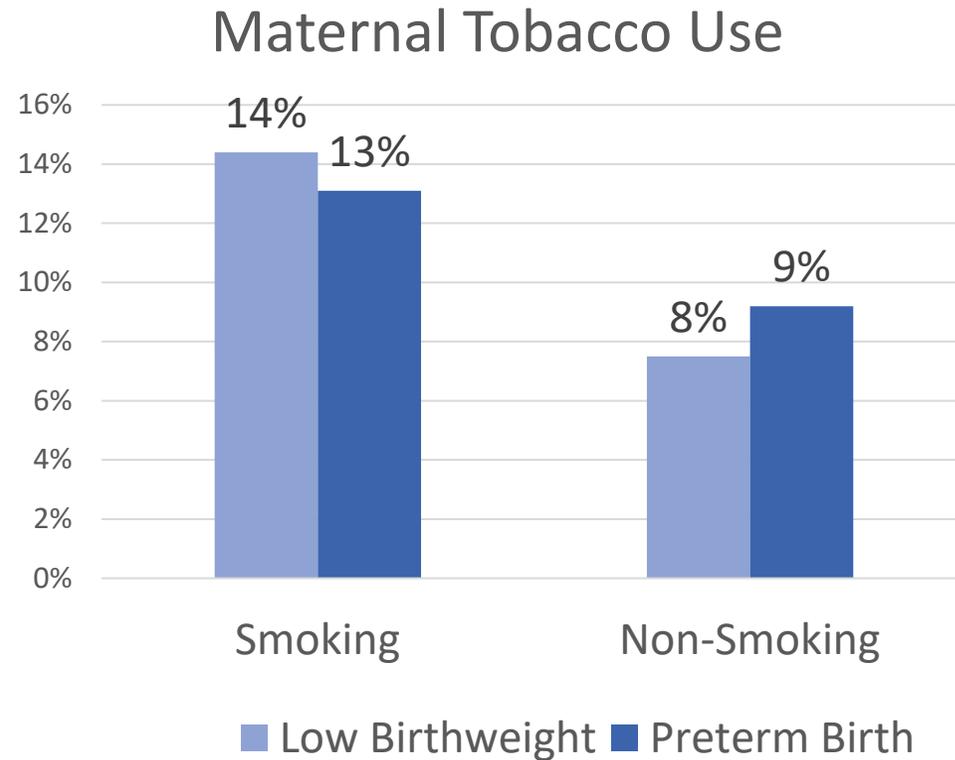
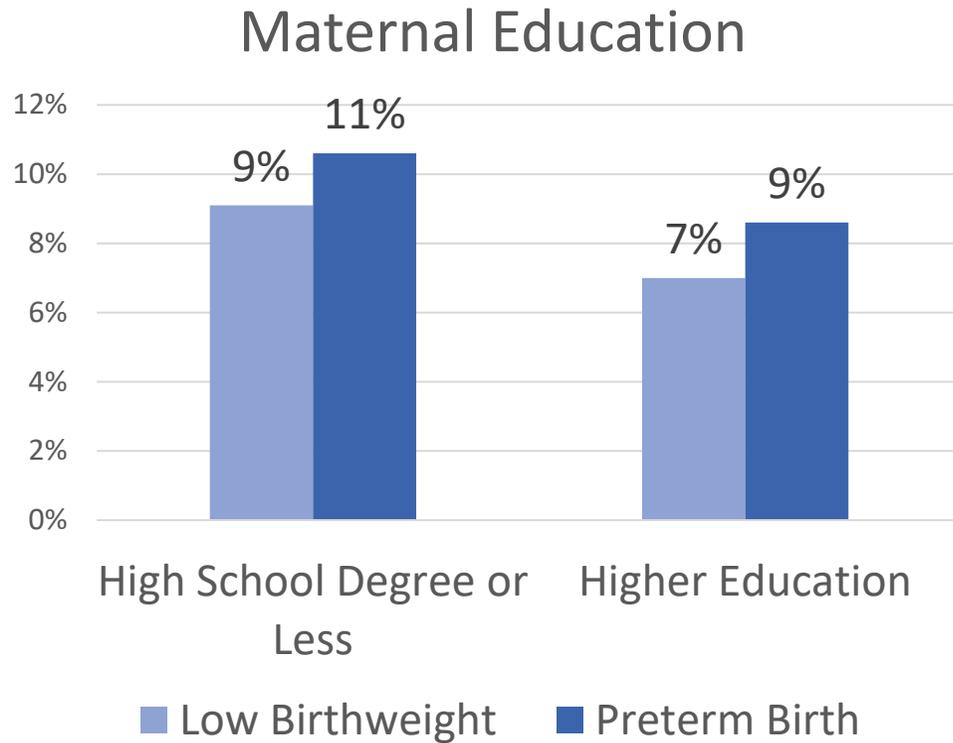
Rhode Island Births, 2003-2023



Source: Rhode Island Department of Health, Vital Records, Rivers Database 2003-2023. Note: Birth data includes babies born to mothers living in Rhode Island at the time of birth whether the baby was born in Rhode Island or elsewhere.

- Births have been declining for the past decade, both nationally and in Rhode Island.
- Rhode Island had the 3rd lowest fertility rate among states in 2022 - 47.5 births per 1,000 women ages 15 to 44.
- There is an increasingly diverse child population both in Rhode Island and nationally.
- In 2023 in Rhode Island, 46% of babies born were Babies of Color.

Education, Age, & Maternal Tobacco Use



- Between 2019 and 2023 in Rhode Island, 9.6% of births among women under age 20 were low birthweight, compared to 7.7% of births to those over age 20.

Preterm Birth, Low Birthweight, and Infant Mortality Rates in Rhode Island and the United States, 2023

	Preterm Births	Low Birthweight	Infant Mortality Rate (Rate Per 1,000 Live Births)
RI	11%	7.7%	4.8
US	12%	8.6%	5.6
National Rank*	<i>7th</i>	<i>15th</i>	<i>14th</i>
New England Rank**	<i>4th</i>	<i>4th</i>	<i>4th</i>

**1st is best; 49th is worst **1st is best; 6th is worst*

Rhode Island is tied for 4th in New England for Preterm Births with Maine and Massachusetts.

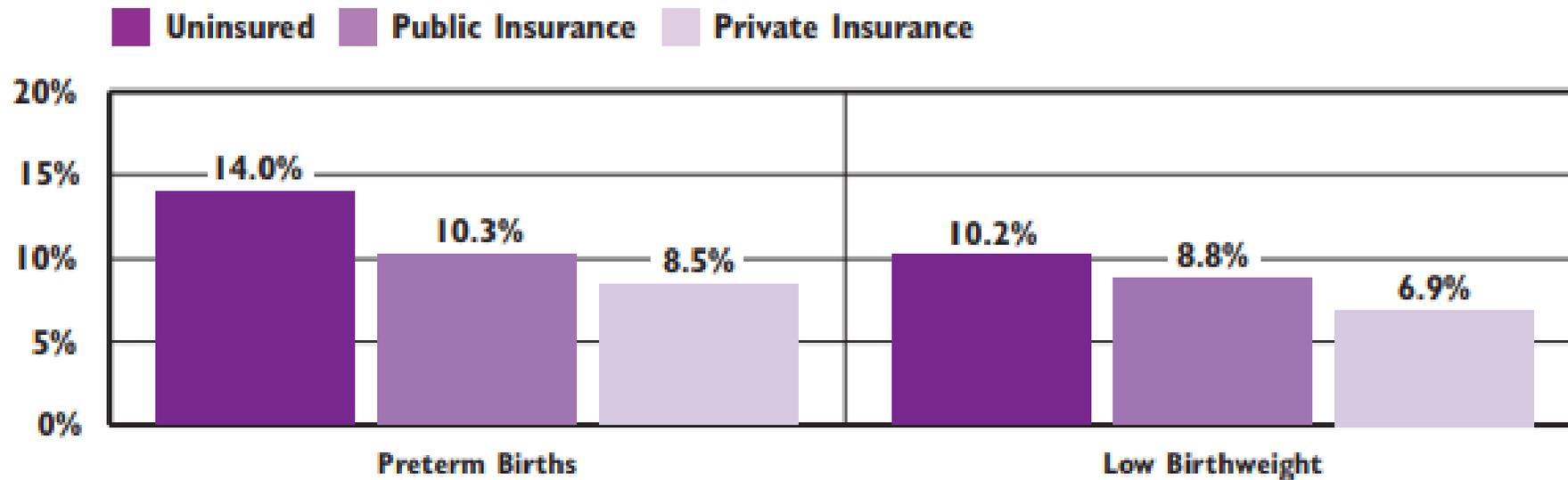
Vermont is not ranked for Infant Mortality Rate.

For infant Mortality New England Rank, 1st is best, 5th is worst

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org.



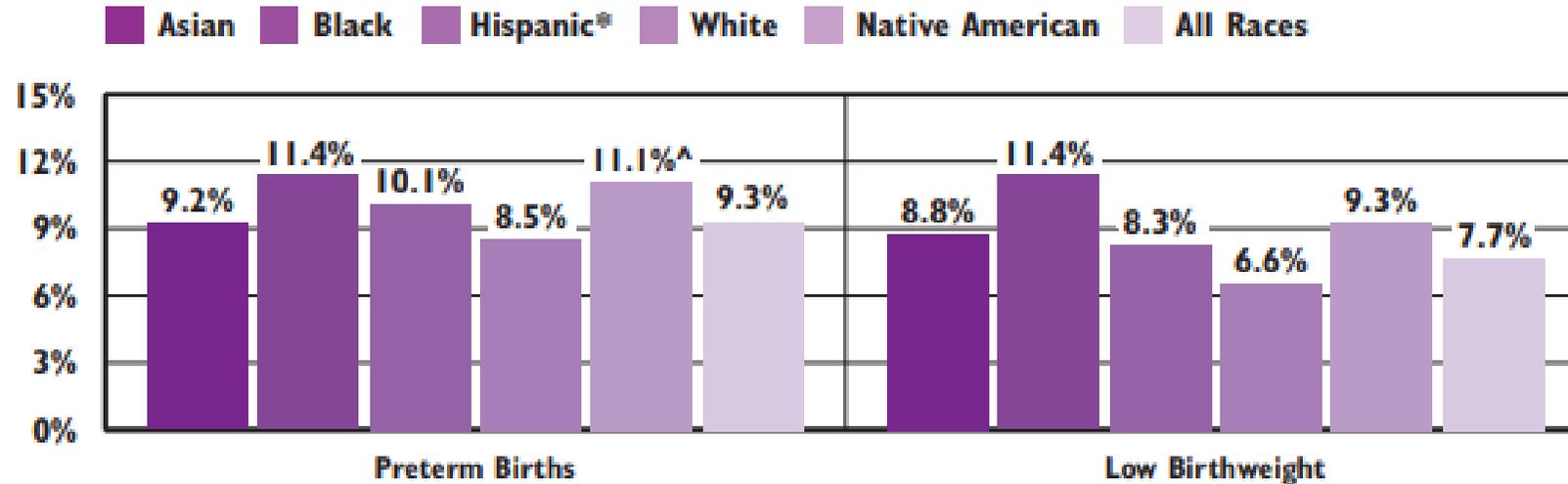
Preterm Birth and Low Birthweight by Mother's Insurance Status, Rhode Island, 2019-2023



- Among women with private health insurance coverage between 2019 and 2023, 8.5% of births were preterm, compared with 10.3% of those with public insurance (Rlte Care or Medicaid) and 14% of births to women with no insurance.
- Social determinants of health, including poverty, racism, and access to care are important factors related to disparities in preterm birth rates.



Racial and Ethnic Disparities in Preterm Birth and Low Birthweight, Rhode Island, 2019-2023

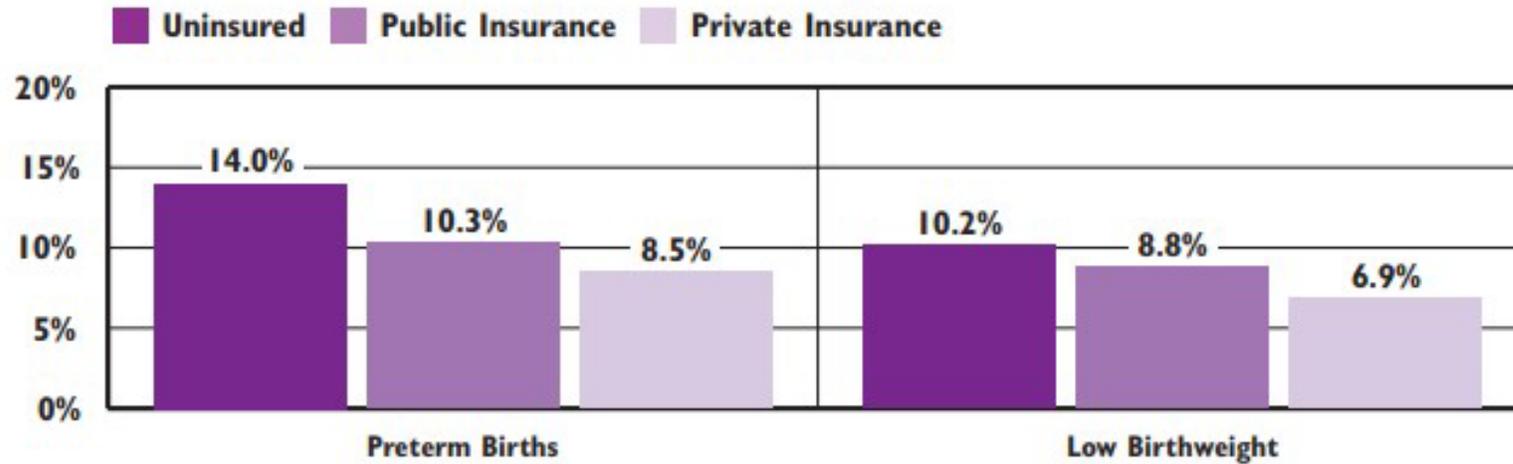


- Children born at low birthweight are at a greater risk of physical and developmental problems and death than those born at a normal birthweight.
- There are racial and ethnic disparities in rates of low birthweight and preterm births. In Rhode Island between 2019 and 2023, 9.3% of American Indian infants, 8.8% of Asian infants, 11.4% of Black infants, and 8.3% of Hispanic infants, were born at low birthweight, compared to 6.6% of white infants.
- The single-year preterm birth rate in Rhode Island in 2023 was 11%, seventh lowest in the U.S.

Factors Associated with Preterm Birth and Low Birthweight

- The three leading risk factors associated with preterm births are a history of preterm births, pregnancy with multiples, and uterine and/or cervical abnormalities.
- Other risk factors include delayed or no prenatal care, stress, domestic violence, having pregnancies close together, and substance use.
- Rhode Island women who deliver a low birthweight infant are more likely to report feeling unsafe in their neighborhood, delayed or no prenatal care, a depression diagnosis, and domestic violence as well as health issues during their pregnancy (such as high blood pressure or hypertension) than those with a normal weight baby.


**Preterm Birth and Low Birthweight by Mother's Insurance Status,
Rhode Island, 2019-2023**



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2019-2023.



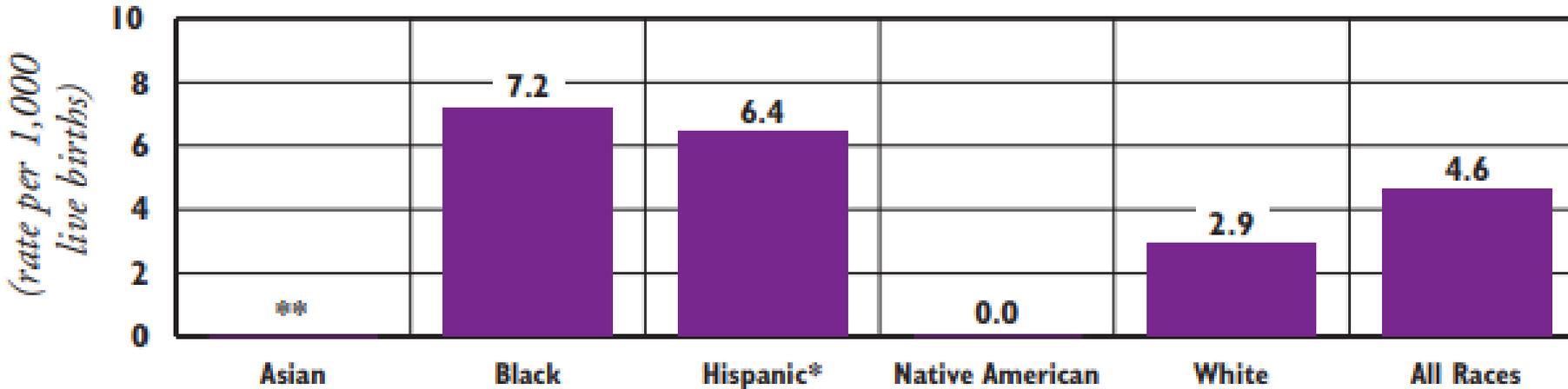
Infant Mortality by Core City Status, Rhode Island, 2019-2023

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
Four Core Cities	19,758	115	5.8
Remainder of State	31,007	116	3.7
<i>Rhode Island</i>	<i>50,765</i>	<i>231</i>	<i>4.6</i>

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2019-2023. Core cities are Central Falls, Pawtucket, Providence, and Woonsocket. Unknown and missing counts were excluded and includes 6 infant deaths that did not link to a birth certificate.



Infant Mortality by Race/Ethnicity, Rhode Island, 2019-2023

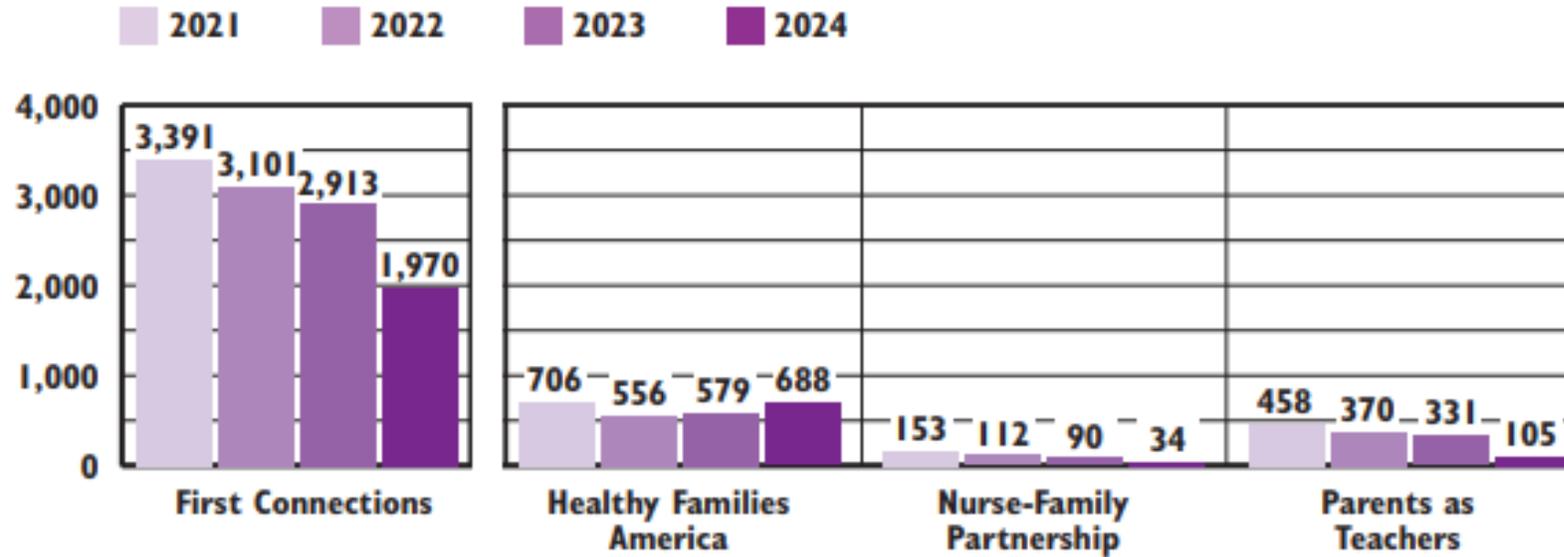


*Hispanic infants can be of any race. **Rate or percentage is too unstable to report

- Between 2019 and 2023, the Rhode Island infant mortality rate was 4.6 per 1,000 births.
- Nationally, the Black infant mortality rate is the highest of any racial or ethnic group even after controlling for risk factors such as socioeconomic status and educational attainment.
- Structural racism as well as exposure to discrimination and racialized stress negatively impact birth outcomes for Black women and their babies.



Family Home Visiting Program Participation, Rhode Island, 2021-2024



- Family home visiting programs are designed to reach young children and their families at home, providing parenting education to foster healthy, safe, and stimulating environments for young children.
- In 2024, 52% of the 1,970 families receiving at least one First Connections home visit in Rhode Island lived in one of the four core cities.
- Early Head Start is also recognized as an evidence-based family home visiting program serving 305 children in Rhode Island.

Recent Legislation Supporting Maternal and Infant Health

- Postpartum Medicaid Coverage
- Doula coverage through insurance
- RI Works coverage from verification of pregnancy
- Extension of Paid Family Leave

Potential Threats to Maternal and Infant Health

- Proposed cuts to Medicaid at the federal level
- Proposed cuts to SNAP at the federal level
- Uncertainty of continuation of RI MomsPRN program, which has been shown to improve access to mental health care

Opportunities and Recommendations

- Improve access to Certified Professional Midwives (CPMs) through insurance coverage and defining scope of practice for CPM care: S-479 (Mack); S-478 (Mack) and H-5858 (Stewart)
- Improve access to certified lactation counselors: S-690 (Mack) and H-5861 (Stewart)
- Continued funding for RI MomsPRN program: S-220-A (DiMario) and H-5461 (Shallcross Smith)
- Improve Rhode Island's Paid Family Leave Program: S-974 (Lawson) and HB6066 (Giraldo)
- Support Home Visiting Programs: S-677 (Valverde) and H-6073 (Giraldo)



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