The health of women during their reproductive years is important not only for the well-being of those women, but also for the health and well-being of children they may have. Utah’s high birth rate and the high percentage of children under age 18 make attention to the health of mothers and potential mothers especially important. This Utah Health Status Update presents findings from a recent report on Maternal and Infant Health. That report was prepared to provide health care providers, community leaders, and policy makers with information about the health and well being of Utah women of childbearing age (ages 15 to 44).

Important findings of the report include:
- Utah has the highest fertility rate in the nation. Nearly 40,000 babies are born each year in Utah.
- Most pregnant women in Utah enter prenatal care in the first three months of pregnancy (85%). The percentage of Utah women who obtained prenatal care very late (after the fourth month) or not at all is small (2.8%).
- Pregnant women who had no prenatal care were more likely to have a low birth weight infant (less than 2500 grams).
- The fetal death ratio in Utah is lower than the U.S. ratio. Fetal death ratios are higher among older women and among women with more than one previous live birth.
- Utah has a low rate of obstetric complications compared with other states. Utah’s cesarean section rate is lower than the national average, but varies quite a bit among hospitals.
- The proportion of all births in Utah that were low birth weight has increased slightly, as is true for the U.S. population.
- Utah women who conceive within 12 months of a previous delivery are at higher risk for problems such as low birth weight infants and infant mortality.
- Deaths among Utah infants (less than one year of age) have decreased from more than 8 per 1,000 live births in 1984 to 5.4 per 1,000 live births in 1995. Utah’s rate is lower than the U.S. rate.
- More Utah infants in the general population, as well as in the WIC population, are breastfed after birth through six months of age than nationally.
Conclusions

The report identifies areas in which Utah can further improve outcomes for women of childbearing age. Developing strategies to prevent unintended pregnancy can prevent abortions and unwanted pregnancies, and also improve health outcomes for mothers and their infants. Preconceptional care can reduce risk factors for poor pregnancy outcomes before a woman becomes pregnant. Healthy practices, such as folic acid intake before conception and back sleeping for infants, can reduce the risk for certain birth defects and Sudden Infant Death Syndrome. Early and continuous prenatal care with risk screening of all pregnant women and improved education about danger signs in pregnancy and risks for premature labor can promote healthier outcomes. In addition, linking birth certificates and fetal death certificates with the death certificates of women of childbearing age will enable the Department to improve its identification of women who die of conditions related to pregnancy.

Definitions:
Fertility Rate (also called general fertility rate) is the number of births divided by the number of women aged 15 to 44 years in the population.
Fetal Death Ratio is the number of fetal deaths (in utero) per 1,000 live births.
Infant Mortality Rate is the number of babies that died in the first year after birth per 1,000 live births.
Premature birth is a birth occurring at less than 36 weeks’ gestation.

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The data for this update came from the recently released report Maternal and Infant Health. The report was produced jointly by the Bureau of Surveillance and Analysis, Office of Public Health Data and the Division of Community and Family Health Services. The complete report is available on the Internet at http://hlunix.hl.state.ut.us/action2000/reports.html and copies can be obtained from the Reproductive Health Program, Utah Department of Health, 288 North 1460 West, Box 144450, Salt Lake City, Utah 84114-4450, (801) 538-9965, FAX (801) 538-9409, or email: jstaten@state.ut.us.