



NCHS Data on Infant and Toddler Health

About NCHS

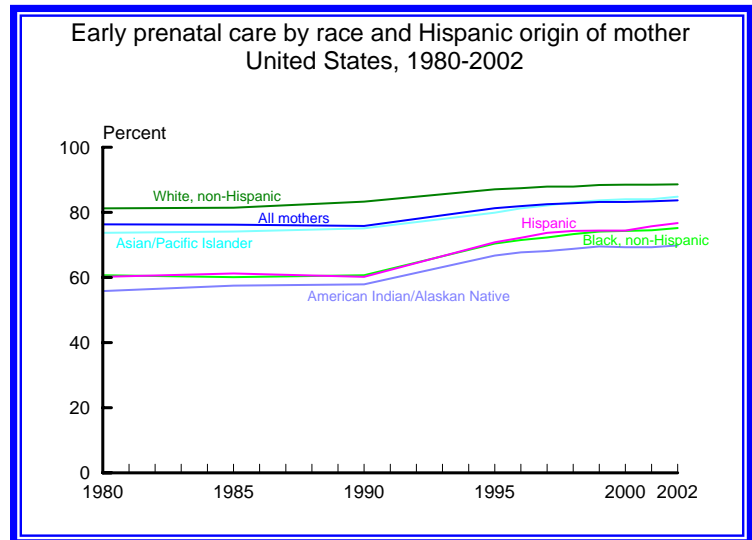
The CDC's National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides a broad perspective to help us understand the population's health, influences on health, and health outcomes.

Maternal and Infant Health

The health care and health habits of women during pregnancy affect the health of their babies. Many measures are moving in the right direction.

- In 2002, timely receipt of prenatal care improved again, rising to 83.7 percent of women receiving care in the first trimester. While prenatal care improved for all groups, there still are significant disparities by race and ethnicity.
- Fewer women are smoking during pregnancy. Cigarette smoking during pregnancy dropped to 11.4 percent in 2002, down more than 40 percent from 1989.
- The teen birth rate reached a record low in 2002 (43 live births per 1,000 15-19 year old females). This rate has fallen nearly 30 percent in the past decade.



Source: National Vital Statistics System, 1980-2002

But not all of the data show improvement.

- The rate of preterm delivery - a leading cause of neonatal mortality - continued to rise, up to 12.1 percent of all births in 2002. While due in part to the increase in multiple births, rates are also up for single births.
- Also influenced by the rise in multiple births, low birth weight increased to 7.8 percent of births in 2002, the highest level in over 30 years.

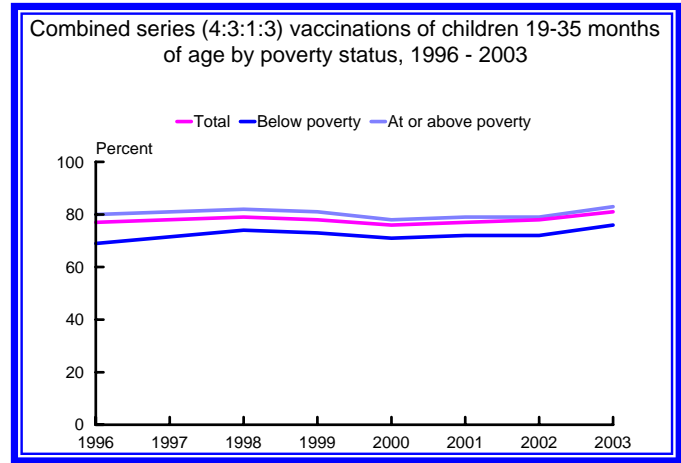
Infant Mortality

While still near its record low, infant mortality increased in 2002 for the first time since 1958. The rate rose from 6.8 infant deaths per 1,000 live births in 2001, to a rate of 7.0 per 1,000 births in 2002.

- The rise in infant mortality reflects an increase in neonatal infant deaths (infants less than 28 days old), particularly infants who died within the first week of life.
- There was a continued decrease in late-term fetal deaths – defined as fetal death at 28 or more weeks of gestation.
- The infant mortality rate for African American infants is still more than double that for white infants.

Protecting Infants and Toddlers

In 2003, 81 percent of children 19-35 months of age received the combined vaccination series of four doses of DTaP (diphtheria-tetanus-acellular pertussis), three doses of polio vaccine, one dose of MMR (measles, mumps, rubella vaccine), and three doses of Hib (Haemophilus Influenzae type b vaccine). Children living below the poverty threshold were less likely to have received the combined vaccination series than were children living at or above poverty.



SOURCE: National Center for Health Statistics and National Immunization Program, National Immunization Survey, 1996-2003

Usual source of medical care

Having a usual source of health care promotes continuity and quality of care and makes it more likely that children will receive appropriate prevention services. In 2002, 96 percent of children aged 4 and younger had a usual source of health care.

Other Health Facts

- In 2002, 87 percent of children aged 4 and younger were reported to be in very good or excellent health.
- In 2002, 2.2 percent of children had an unmet medical need and 3.4 percent of children aged 4 and younger delayed care due to cost.
- In 2002, over 10 percent of children aged 4 and younger had made two or more visits to the emergency room in the past year.
- In 2002, the leading causes of death for children ages 1-4 were accidents, birth defects, and cancer.

Infant and Toddler Health Data Sources

NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. They include:

- **National Vital Statistics System** - collects information from birth and death certificates in all 50 states and the District of Columbia, including detailed race/ethnicity characteristics. Because all births and deaths are part of this database, it provides the detail needed for research on differentials. (<http://www.cdc.gov/nchs/nvss.htm>)
- **National Health Interview Survey (NHIS)** – collects information on the nation’s health status through confidential household interviews that measure: health status and disability, insurance coverage, access to care, use of health services, immunizations, health behaviors, injury, and the ability to perform daily activities. The large sample size of the NHIS, combined with detailed categories on race/ethnicity collected, make the NHIS a valuable source of data on differentials. (<http://www.cdc.gov/nchs/nhis.htm>)
- **National Health Care Survey** – a family of health care provider surveys, obtaining information about the facilities that supply health care, the services rendered, and the characteristics of the patients served. NHCS surveys hospitals, office-based physician practices, emergency and outpatient departments, ambulatory surgery centers, nursing homes, and home health and hospice agencies. These surveys provide a picture of how the delivery system works, and provide an opportunity to learn about patients, their illnesses, and treatments. (<http://www.cdc.gov/nchs/nhcs.htm>)
- **National Health and Nutrition Examination Survey (NHANES)** – collects information about the health and diet of people in the United States. NHANES is unique in that it combines a home interview with health tests that are conducted in a Mobile Examination Center. NHANES is able to directly measure conditions where there are large race/ethnicity differentials such as diabetes, and to provide reliable information on health conditions regardless of whether the survey respondent is aware of them. (<http://www.cdc.gov/nchs/nhanes.htm>)

For further information about NCHS and its programs, visit us at <http://www.cdc.gov/nchs>, or call at 1-866-441-NCHS