



## A SNAPSHOT OF

# INFANT MORTALITY

Infant mortality had little variation between 1998 through 2007. Infant mortality ranged from a high of 8.9 infant deaths per 1,000 live births (2002) to a low of 7.9 infant deaths per 1,000 live births (2007). These rates were significantly higher than the Healthy People 2010 objective of 4.5 infant deaths per 1,000 live births. It is an important indicator of the overall health status of the state's women and children and the quality of life in communities. For the past decade Georgia has had one of the highest infant mortality rates in the nation, even though the state's rate of infant deaths has been decreasing steadily during this time. The most recent national data report (2004-2006 linked birth and death records) places Georgia as the ninth greatest in infant mortality among all the states and the District of Columbia.

Georgia's infant mortality rate was 8.5 deaths per 1,000 live births in 1997, decreasing to 8.2 deaths per 1,000 live births in 2007. Despite this overall improvement, however, a serious concern about racial disparity in infant mortality remains. The infant death rate among Georgia's White infants was 7.0 deaths per 1,000 in 2007. For the same year, the infant mortality rate for African-American babies was 13.1 per 1,000. Solutions to further reduce infant mortality in Georgia should include strategies designed to reduce this racial disparity – multi-faceted strategies that involve many sectors of society and collaborations among community partners.

To access infant mortality rates by health district or county for years 1994 through 2007, visit the OASIS (Online Analytical Statistical Information System) web query tool at <http://oasis.state.ga.us/oasis/qryIMort.aspx>.

### Causes of Infant Mortality in Georgia

Low birth weight (5 pounds 8 ounces or less), very low birth weight (3 pounds 4 ounces or less) and prematurity (delivery prior to the 37 week of gestation) are the most common problems associated with infant mortality in the state. Low birth weight babies accounted for over two-thirds of Georgia's infant deaths. In 2007, the rates of low birth weight and very low birth weight in Georgia were approximately double the respective Healthy People 2010 objectives. Though double the Healthy People 2010 objective of 0.9 percent, the rate of infants born weighing less than 1,500 grams had remained consistent from 1998 through 2007. Conversely, the rate infants born weighing less than 2,500 grams increased by 10.5 percent over the same period of time. Common to both low birth weight and very low birth weight was the elevated rate among Black infants. The rate of low birth weight among Black infants was nearly three times the Healthy People 2010 objective and nearly four times the Healthy People 2010 objective for very low birth weight. Hispanic infants had the lowest rates of low birth weight and very low birth weight.

The Healthy People 2010 objective for preterm birth was 7.6 percent. The rate in Georgia in 2006 was nearly twice this benchmark. The 21.4 percent increase from 1998 through 2006 occurred gradually with an annual increase of 2.4 percent. Only the change between 2004 and 2005 exceeded a 4.5 percent change. Late preterm birth (34 to 36 weeks gestation) appears to be driving the overall increase in the preterm birth rate. There was significant variation by race/ethnicity. Nearly one in five Black infants were born prior to their 37th week of gestation. The rate of early preterm birth was three times greater among Black women compared to other racial/ethnic groups.

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Birth defects and Sudden Infant Death Syndrome (SIDS) contribute significantly to the number of infant deaths in Georgia. While there are limited racial disparities among birth defects, the number of African-American infants who die of SIDS is nearly twice that of White infants. While neural tube defects, a specific type of birth defect, can be prevented by consuming folic acid prior to and early in pregnancy, among women who delivered a live birth in 2006, only 24.6 percent reported taking folic acid everyday in the month prior to conception. Similarly, the risk of SIDS can be lowered by placing an infant on his/her back to sleep. However, in Georgia in 2006, only 56.1 percent of mothers reported placing their infants most often on their backs to sleep. This percent declines to 39.9 percent among African-American mothers.

Other risk factors that contribute to infant mortality include (1) conception at a young age; (2) poor health and/or nutritional status of the mother; (3) some infections (e.g., reproductive tract infections and periodontal infections); (4) substance abuse (e.g., tobacco, alcohol and other drugs – both illegal and prescriptive); (5) closely-spaced pregnancies; (6) inadequate prenatal care; and (7) inadequate folic acid intake/low rates of breastfeeding.

## Reducing Infant Mortality Rates

The Georgia Department of Community Health contributes to reducing Georgia's infant mortality rate in several ways.

- Through the Georgia Medicaid Program and PeachCare for Kids™, which pays for approximately 60 percent (please check with DMA) of all births in Georgia, women receive prenatal care through expanded provider networks and infants can receive appropriate early care and education
- The Georgia WIC Program contributes to healthy nutrition among pregnant women, promotes breastfeeding through enhanced nutritional packages and peer counseling and support and provides nutritious foods, nutrition counseling, and health screening for children through the first year of life through age five years
- Programs throughout the Division of Public Health work together to reduce the incidence of adolescent pregnancy
- The Georgia Newborn Screening Program is committed to protecting and improving the health of all infants by assuring all newborns receive appropriate screening, follow-up, and medical services. Through early detection, all newborns diagnosed with a metabolic, endocrine, or hemoglobin disease are entered into and maintained on appropriate medical therapy that can prevent long term disability and infant death
- The mission of the Georgia Family Planning Program is that all women and men in Georgia will have knowledge of and access to opportunities for optimal health care for themselves and their families enabling families to plan and space their children to improve the health of women and children. Family planning is essential to the well-being of women, men, adolescents, and the community at large. It offers individuals opportunities to plan and space their pregnancies in order to achieve personal goals and self-sufficiency. The Georgia Family Planning Program has developed strategies and implemented services directed toward the reduction of unintended pregnancies, improvement of women's health prior to pregnancy, and improvement of birth outcomes, all of which contribute to reductions in infant mortality
- The Georgia Regional Perinatal Care Network (GRPCN) Project is a state/Medicaid funded program charged with the annual distribution of approximately \$20 million to six designated regional centers for the care of high risk mothers and infants eligible under the guidelines set forth by the Georgia Department of Community Health, Maternal Child Health Program. The funds distributed are earmarked for the payment of direct costs associated with the care of high risk mothers and infants at the regional centers as well as administrative costs associated with outreach, education and transport services provided to hospitals within each center's region. The payments for direct costs of care are designed to fill the gap between the Medicaid reimbursement and the cost of high risk services as well as support the care of uninsured or insured patients with incomes less than or equal to 250% of the federal poverty level

In addition to these programs, through the collection of infant death information through the registration of vital events, women's health information through the Behavioral Risk Factor Surveillance System (BRFSS), and information pertaining to the time period before, during, and after pregnancy through the administration of the Pregnancy Risk Assessment and Monitoring System (PRAMS), the Division of Public Health works to collect data that can identify trends in the health of women, mothers, and infants that can inform the development of new, innovative interventions to further reduce infant mortality.