



Forsyth County Infant Mortality Reduction Coalition

Infant Mortality Rate – Our community and how we compare to others

North Carolina State Center for Health Statistics, 2011 (2010 data)

Rates are based upon deaths per 1,000 live births

Forsyth County

- Total infant mortality rate: **7.7** • White rate: **5.3** • African American rate: **17.1** • Hispanic rate: **1.8**
- Infant mortality rate trends: **11.4** (2006), **11.1** (2007), **12.0** (2008), **9.9** (2009), **7.7** (2010)
- Infant mortality five-year average rate 2006-2010: **10.5**
- Forsyth County had the second highest overall infant mortality rate of the five **most populated** NC counties in 2010.
- Infant mortality rates swing up or down from year to year, however, Forsyth County continues to have a persistent **inequity in birth outcomes**. In 2010, African American infants in Forsyth County died at a rate of over three (**3.2**) times that of white infants.

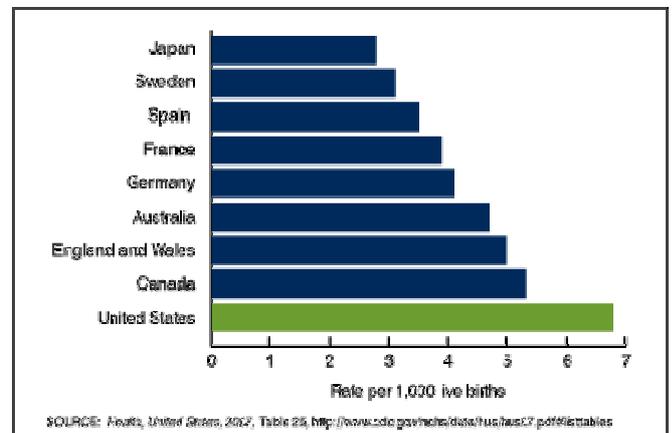
North Carolina

- Total infant mortality rate: **7.0** • White rate: **5.3** • African American rate: **12.7**
• Hispanic rate: **5.0** • Other rate: **5.0**
- Total infant mortality fell from a rate of 7.9 in 2009 to 7.7 in 2010, an **11.4** percent drop. The minority infant mortality rate fell from 13.5 to 12.7, a **19.6** percent drop over the previous year.
- **North Carolina rank 44th in the nation for infant death** (Centers for Disease Control and Prevention 2005-2006).

United States

- The U.S. infant death rate is **6.71** infant deaths per 1,000 live births (2006).
- The Healthy People 2020 target is **6.0** infant deaths per 1,000 live births.
- The U.S. ranks **29th** in the world in infant mortality, tied with Poland and Slovakia (2004 - Centers for Disease Control and Prevention, 2008)

Figure 2. Infant mortality rates: Selected countries, 2004



Why are our babies dying?

In North Carolina, the leading causes of infant deaths in 2010 were:

1. Prematurity and low birth weight: **20.8** percent
(birth before 37 weeks gestation or birthweight less than 5½ pounds):
2. Birth defects: **20.3** percent
3. Sudden Infant Death Syndrome (SIDS): **6.2** percent

The FCIMR Coalition is a community partnership housed within the:



Forsyth County
Department of Public Health

Box 686 • Winston-Salem, NC 27102-0686 • 336-703-3260
www.HelpOurBabies.org

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Factors that contribute to premature labor

Smoking

- Pregnant women who smoke cigarettes are almost **twice as likely to have a low birth weight baby** as women who do not smoke. Smoking slows fetal growth and increases the risk of premature delivery (March of Dimes, 2008).
- In North Carolina, **13.3%** of pregnant women smoked during the last 3 months of pregnancy (NC State Center for Health Statistics, PRAMS 2006-2008).
- Secondhand smoke hurts a developing baby and causes health problems in infants.
- **10%** of infant deaths in this country could be prevented by eliminating maternal smoking (Centers for Disease Control and Prevention, *Women and Smoking – a Report of the Surgeon General*, 2001)

Stress

- Three types of stressors that may contribute to preterm birth and low birth weight babies. Women under stress produce corticotropin-releasing hormone (CRH), which prompts the body to release chemicals that trigger contractions (March of Dimes, 2010)
 1. **Stress related to pregnancy** – examples include pregnancy-related discomfort, concerns over the health of the baby or how the labor and delivery will go, and added financial burdens (March of Dimes 2010).
 2. **Chronic stress** lasts over long periods of time and often exist before a woman even becomes pregnant. Examples include difficulty obtaining food, caring for a child with chronic illness, being unemployed, living in poverty, or interpersonal violence (March of Dimes 2010).
 3. **Racism** –African-American women experience chronic stress from racism throughout their lifetime. This helps to explain why African-American women are more likely to deliver premature and low birth weight babies than women of other racial/ethnic groups (March of Dimes 2010)

Infections

- A wide variety of infections in pregnant woman can increase an infant's risk of premature birth, low birth weight, long-term disability or death (American Medical Association, 2001)
- Genital and urinary tract infections (UTI) including bacterial vaginosis (BV) and sexually transmitted infections (STI) may have the highest risk of premature delivery.
- Periodontal disease and other infections in the mouth may have an impact on premature delivery.

Alcohol or Other Drug Use

- Women who drink alcohol while pregnant increase their risk of having a low birth weight baby, a preterm baby, or a miscarriage (American College of Obstetricians and Gynecologists, 2000)
- Fetal Alcohol Syndrome is **the leading cause of birth defects and developmental disorders in the U.S.** (Centers for Disease Control, 2002).

Prevention is the key!

Working to help women be healthy over their entire lifespan is the best way to save babies' lives and improve the health of our community.

Additional factors that contribute to the high infant mortality rate in our community:

- **Inadequate Women's Wellness** – Women need to be healthy across their lifespan in order for moms and babies to be healthy and thrive
- **Unplanned pregnancy** – 45% of pregnancies among NC women ages 18-44 were unintended (NC PRAMS Fact Sheet March 2009).
- **Psychological factors** such as depression and low levels of social support
- Racism
- Birth Defects
- Poor Nutrition
- Domestic violence
- Teen pregnancy
- Single parenthood
- Poverty
- HIV/AIDS and STI's
- No prenatal care

The FCIMR Coalition, housed within the Forsyth County Department of Public Health, is a partnership of organizations and individuals working together to reduce infant mortality in our community.