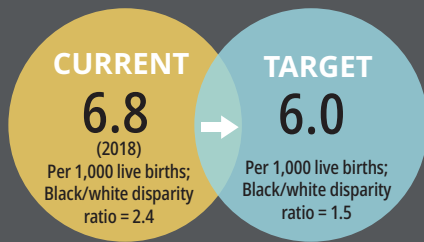


HEALTH INDICATOR 20: **INFANT MORTALITY RATE**

DESIRED RESULT: **DECREASE INFANT MORTALITY**



DEFINITION

Rate of infant deaths per 1,000 live births

DETAILS

Deaths are counted if they occur within the first year of life

NC INFANT MORTALITY (2018)

6.8 per 1,000 live births
Black/white disparity ratio = 2.4

2030 TARGET

6.0 per 1,000 live births
Black/white disparity ratio = 1.5

RANGE AMONG NC COUNTIES

0.0 – 22.2 per 1,000 live births

RANK AMONG STATES

Tied for 40th*

DATA SOURCE

NC State Center for Health Statistics, Vital Statistics

STATE PLANS WITH SIMILAR INDICATORS

Early Childhood Action Plan - indicator of infant mortality disparity

*Rank of 1st for state with lowest infant mortality rate

Rationale for Selection:

Infant mortality is a common proxy for overall community health and health disparities and the health of infants reflects the health of the next generation. North Carolina has a higher infant mortality rate than the country as a whole and, in particular, babies born to African American and American Indian women are more likely to die in the first year of life than babies born to white women.

Context

Infant mortality is not only an indicator of maternal and child health, it is often looked to as an indicator of the health of a community.¹⁸⁴ This is because many of the factors that influence rates of infant mortality reflect the health equity of a community. These include maternal health and educational status, prenatal care, and social and economic factors of the child's family.

The primary predictors of infant health are gestational age at birth and birth weight, and there are many contributing factors to these outcomes.¹⁸⁵ Higher rates of low birth weight and infant mortality are associated with:

- Smoking or heavy consumption of alcohol while pregnant^{186,187}
- Maternal age - younger (under 20 years) and older mothers (40-54 years)¹⁸⁵
- Maternal obesity^{188,189}
- Maternal educational status of less than a high school degree¹⁹⁰
- Unmarried parents¹⁸⁵
- Intimate partner violence¹⁵⁵
- Food insecurity¹⁵⁵

“Even for African American women who attain a higher socioeconomic status, pregnancy-related outcomes are worse than those of white women at lower socioeconomic levels.”

Disparities

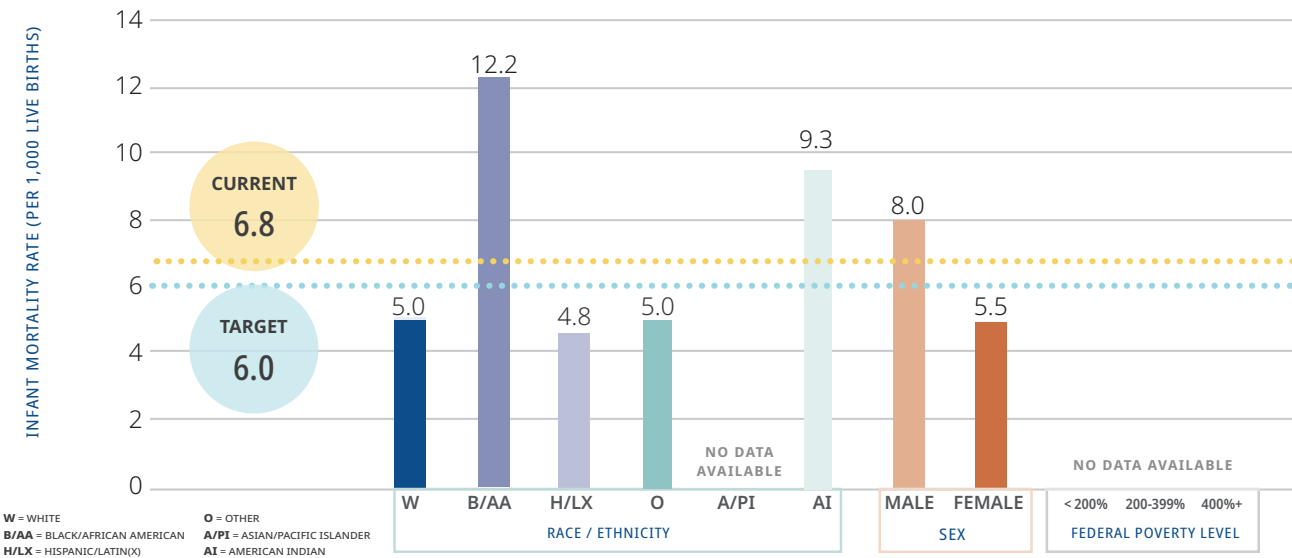
The United States, and North Carolina specifically, have struggled to keep pace with the improvements in maternal and infant health that have occurred in other developed countries. One reason for this is the large disparity seen in infant mortality for babies born to African American and American Indian women, who are more likely to die in the first year of life than babies born to white women.⁴⁵ In particular, the disparity between babies born to African American women and those born to white women is persistently high across time. Women of color are more likely to live in communities that have fewer educational resources and employment opportunities due to historical segregation through housing and education policies. Women of color also face accumulated stress of discrimination regardless of socioeconomic status (i.e., “weathering,” see Page 31 in Introduction). These socioeconomic factors are linked to birth outcomes and infant mortality. In addition, research shows that even for African American women who attain a higher socioeconomic status, pregnancy-related outcomes are worse than those of white women at lower socioeconomic levels.¹⁹¹ Inside the medical system, disparate treatment of mothers of color may also play a role in worse birth outcomes. Studies show that implicit bias in health care delivery may prevent women of color from receiving sufficient patient education in the prenatal period about risks to maternal and fetal health.¹⁶³

HEALTH INDICATOR 20: INFANT MORTALITY RATE

DESIRED RESULT: DECREASE INFANT MORTALITY

FIGURE 34

Infant mortality rates across populations in North Carolina and distance to 2030 target



Disparities in infant mortality also exist for babies born to women in poverty and those who are uninsured. Women in poverty experience more challenging life circumstances, have lower educational attainment, are more likely to have limited access to adequate food, transportation, and housing, and are more likely to be uninsured than those not experiencing poverty. These populations are also more likely to have limited access to health care services. Even though Medicaid covers prenatal care and births for low-income uninsured women, birth outcomes and subsequent infant mortality are not fully addressed by the care they receive during pregnancy because of the many social and health factors these women face prior to becoming pregnant.¹⁹² Furthermore, in NC, women who are undocumented immigrants are ineligible for Medicaid during pregnancy, severely restricting their access to care.

2030 Target and Potential for Change

The HNC 2030 group reviewed data across several years, populations, and states, and a forecasted value for North Carolina based on historical data to set a target for 2030. While the overall infant mortality rate has decreased over the past decade, the disparity ratio between whites and African Americans has grown (currently 2.4), meaning that the infant mortality rate has improved much faster for white babies. With this in mind, the group chose an overall infant mortality target of 6.0 per 1,000 live births for 2030, as well as a target to decrease the Black/white disparity ratio to 1.5. Meeting this target will be largely dependent upon drastically reducing the disparities we see in infant mortality rates for African Americans and American Indians.

Lever for Change

(America's Health Rankings, Infant Mortality, 2018)

- Increase access to health insurance
- Improve male and female pre-conception routine medical check-ups and family planning counseling with a focus on intimate partner violence, substance use, immunizations, depression, body mass index, blood pressure, and diabetes
- Improve access to, and use of, prenatal care, Centering Pregnancy Programs, and evidence-based home visiting programs
- Reduce maternal obesity
- Reduce maternal tobacco use before, during, and after pregnancy (Ward, 2003)
- Take advantage of the Children's Health Insurance Program option to provide coverage for comprehensive prenatal care to undocumented immigrant women
- Follow the recommendations of the Perinatal Health Strategic Plan