INFANT MORTALITY, PRETERM BIRTH, LOW BIRTHWEIGHT AND RACIAL DISPARITIES

Infant mortality refers to the death of a baby before it reaches its first birthday.

At the beginning of the 20th century, the U.S. infant mortality rate (IMR) was a staggering 100 deaths per 1,000 live births!¹ In 2020, the IMR in the U.S. was 5.8 deaths per 1,000 live births.

Though infant mortality has declined in the United States over time, the U.S. has been slower to improve our consistently higher average rate of infant deaths than other industrialized countries. According to one source, in 2019 the U.S. ranked 34th out of 44 countries, with countries such as China, India and Turkey the only ones with worse IMRs. Russia's IMR was better than the United States at 5.1 deaths per 1,000 live births.²

Causes of Infant Mortality

According to the Centers for Disease Control and Prevention (CDC), over 21,000 infants died in the United States in 2018. The five leading causes of infant death in 2018 were:

1. Birth defects, not all of which can be prevented. Click the link for information on ways to improve the chances of a healthy birth.
2. Preterm birth and low birthweight (see below).
3. Maternal pregnancy complications. These are health problems that can involve the mother’s health, the baby’s health or both.
4. Sudden infant death syndrome. In 2018, according to the CDC, there were about 1,300 deaths due to SIDS, about 1,300 deaths due to unknown causes and about 800 deaths due to accidental suffocation and strangulation in bed. The link will tell you more about SIDS and Sudden Unexpected Infant Death Syndrome and ways to create safe sleep spaces for babies.
5. Injuries, such as accidental drownings, poisoning, falls or burns. Most child injuries can be prevented.³

Racial Disparities

Despite the encouraging IMR reduction over time, there remains a significant public health issue for African American families, as well as for Native Americans and Hispanics. In 2017, “Non-Hispanic Black mothers experience[d] the highest infant mortality rate among all racial and ethnic groups (10.97 infant deaths per 1,000 live births), as well as

the highest rates of preterm birth (delivery before 37 weeks of gestation) and low birthweight, both of which are leading causes of infant death. Mothers who are American Indian or Alaska Native and Native Hawaiian or other Pacific Islander also experience a higher-than-average infant mortality rate (9.21 and 7.64 deaths per 1,000 live births, respectively). The infant mortality rate among Hispanic mothers is similar to the national average (5.10 deaths per 1,000 live births), while rates among White and Asian mothers are lower than average (4.7 and 3.8 deaths per 1,000 live births, respectively).”

There exist perplexing racial disparities in birthweight and infant survival. In addition, across the U.S., rates of low birthweight and of preterm delivery have been higher among African American women than among whites for many years. Addressing racial and ethnic disparities has long been a focus of the Healthy Start Initiative.

**Preterm Birth**

“Preterm birth is when a baby is born too early, before 37 weeks of pregnancy have been completed. In 2019, preterm birth affected 1 of every 10 infants born in the United States. Preterm birth rates decreased from 2007 to 2014, and CDC research shows that this decline is due, in part, to declines in the number of births to teens and young mothers. However, the preterm birth rate rose for the fifth straight year in 2019 [emphasis added]. Additionally, racial and ethnic differences in preterm birth rates remain. For example, in 2019, the rate of preterm birth among African-American women (14.4%) was about 50 percent higher than the rate of preterm birth among white or Hispanic women (9.3% and 10% respectively).”

While puzzling, the numbers reveal that there exists a real vulnerability of African American women to preterm labor and delivery.

**Low Birthweight**

Babies who are low birthweight weigh 2500 grams (5.5 pounds) or less at birth. Very low birthweight babies weigh 1500 grams (3.3 pounds) or less. The medical and social costs for low birthweight and very low birthweight babies are significant. Low birthweight is a major predictor of infant mortality. (See also How Much Does Preterm Birth Cost the Nation.)

African American babies are twice as likely to be low birthweight as well as twice as likely to die in the first year compared to white babies. Despite considerable research over the last 20 years, the reasons for these differences remain obscure.

Unlike infant mortality, the rate of low birthweight in the U.S. has not declined significantly during the last decade. Even with its success in reducing infant mortality, the United States still ranks poorly in relation to other developed countries. Although comparisons across countries are often difficult, it appears that the high rate of low birthweight in the U.S., when compared to other nations, is a major reason for the

4 Ibid.
5 Preterm Birth, Centers for Disease Control and Prevention, access 02/21/21.
country’s continued high rate of infant mortality.

Low birthweight – one of the leading causes of infant death – is largely preventable. However, given the complicated health and social problems often associated with women who deliver low birthweight infants, there remain no easy solutions. Effective preventive programs blend health care, health education, environmental modification and public policy to create a culture supporting a prudent lifestyle.

**Geographic Disparities**

Infant mortality is higher in the southern states. While the U.S. IMR is 5.8 deaths per 1,000 live births, the rates vary from state to state, from a low of 3.66 in Massachusetts to 8.73 in Mississippi. “According to the National Center for Health Statistics, eleven states have infant mortality rates significantly lower than the national rate (CA, CO, CT, ID, MA, MN, NH, NJ, NY, ND and WA), and fifteen states and the District of Columbia had significantly higher rates (AL, AR, GA, IN, KY, LA, MD, MI, MS, NC, OH, OK, SC, SD and TN).”

**Barriers to Care**

Numerous barriers often stand between pregnant women and children and the care they need. For example, the inability to pay for services causes many women to delay or even forgo prenatal care. Frequently, women are not aware of the importance of prenatal or preventive care. In addition, women and their families are often overwhelmed by the stresses of poverty. Recent studies are now focusing on the relationship between stress and poor birth outcomes, especially in high-risk women.

For those at-risk women who do seek care, the health and human service system may be inadequate to meet her or her children’s needs. In some communities, there may be a lack of health care providers, or providers who are at full capacity for Medicaid patients. Certain types of care, such as substance abuse treatment and mental health programs, may not be readily available.

**Healthy Start’s Role**

The challenge for Healthy Start is not only to provide and coordinate services, but also to mobilize communities to take ownership of the problem and to design and implement programs that the communities feel have the best chance of success. Click [here](#) for an infographic that was created for the federally-funded Healthy Start initiative’s 25th anniversary in 2016 and provides a good overview of the program.

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8 Kamal, R. et al, *What Do We Know about Infant Mortality in the U.S. and Comparable Countries?*, Peterson-KFF Health System Tracker, 10/18/19.