



Forsyth County Infant Mortality Reduction Coalition

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

North Carolina State Center for Health Statistics, 2010

(The most recent data available is for the year 2009)

Forsyth County

- **9.9** infant deaths for every 1,000 live births • Minority rate: **17.5** • White rate: **6.6**
- Trends in infant mortality rates: **11.1** (2007), **12.0** (2008), and **9.9** (2009)
- The infant mortality five-year average rate was **10.7** (2005-2009).
- Forsyth County had the second highest overall infant mortality rate of the five **most populated** NC counties in 2009.
- Though the rates sometimes swing up or down from year to year, we continue to have **inequity in birth outcomes**. Non-white infants in Forsyth County (80% African American) died at almost three (**2.7**) times the rate of white infants in 2009. This represents an almost **3-to-1** non-white/white infant mortality inequity.

North Carolina

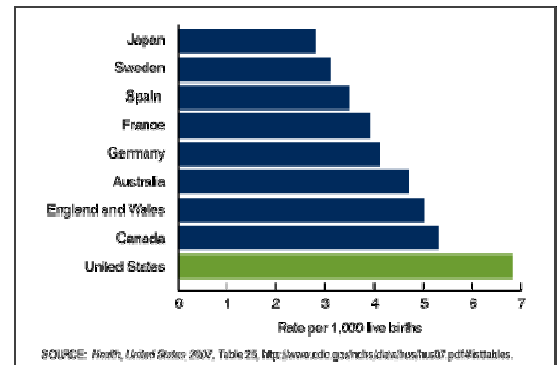
- **7.9** infant deaths for every 1,000 live births • Minority rate: **14.1** • White rate: **5.4**
- This rate is a **3.7%** decrease from the 2008 rate of **8.2**.
- For 2005-2006, **North Carolina ranked 44th in the nation for infant deaths** (Centers for Disease Control and Prevention).

United States

- The U.S. infant death rate is **6.86** infant deaths per 1,000 live births (2004).
- The Healthy People 2010 goal is 4.5 infant deaths per 1,000 live births.
- The U.S. ranks 29th in the world in infant mortality, tied with Poland and Slovakia (2004).

Source: Centers for Disease Control and Prevention, 2008

Figure 2. Infant mortality rates: Selected countries, 2004



Why are our babies dying?

Leading cause of infant death: Premature Birth and Low Birth Weight

- In North Carolina, prematurity and low birth weight accounted for **23.3** percent of deaths of infants under 1 year old and **33.9** percent of the neonatal deaths (infants under 28 days old).

Approximately 75 percent of infant deaths are related to prematurity (WFU School of Medicine, Department of Pediatrics).

- Birth defects were the cause of **19.0** percent of infant deaths in North Carolina.
- Sudden Infant Death Syndrome (SIDS), accounted for **9.7** percent of infant deaths in North Carolina.
- Other causes of death included respiratory problems and other medical conditions, diseases, infections and accidents. Homicide or assault account for **0.5** percent of infant deaths in North Carolina.

2010 Fact Sheet

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

Revised 10-08-10

Factors that may 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, **10.2%** of pregnant women smoke (NC State Center for Health Statistics, 2009).
- 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

- Two types of stress may contribute to preterm birth and low birth weight babies.
 1. **Stress as a result of pregnancy** – examples include pregnancy-related discomfort and added financial burdens (March of Dimes 2002).
 2. **Chronic stress** lasts over long periods of time and often exists before a woman even becomes pregnant. Sources include **broader community problems such as racism, poverty and violence**.
- Stress in a pregnant woman can produce corticotropin-releasing hormone (CRH), which can prompt the body to release the chemicals that trigger contractions (March of Dimes, 2002)

Infections

- A wide variety of infections in a 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 before, during, and after pregnancy 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.
 - Racism
 - Birth Defects
- Unplanned pregnancy – 48% of pregnancies among NC women ages 18-44 were unintended (NC PRAMS 2006).
- Poor Nutrition
 - Domestic violence
 - Teen pregnancy
 - Single parenthood
- Psychological factors such as depression and low levels of social support
- Poverty
 - HIV/AIDS and STI's
 - Lack of prenatal care
- SIDS (Sudden Infant Death Syndrome) is leading cause North Carolina infant deaths for babies who die between one month old and one year old.

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.