



NEWS RELEASE

ALABAMA DEPARTMENT OF PUBLIC HEALTH

RSA Tower 201 Monroe Street, Suite 914 Montgomery, AL 36104
Phone 334-206-5300 Fax 334-206-5520

www.adph.org

Alabama's infant mortality rate increases in 2007

FOR IMMEDIATE RELEASE

CONTACT:

Donald Williamson, M.D.

(334) 206-5200

Thomas Miller, M.D.

(334) 206-2940

Alabama's 2007 infant mortality rate of 10.0 deaths per 1,000 live births was considerably higher than the 2006 infant mortality rate of 9.0.

The infant mortality rate for white infants increased from 6.7 to 8.0, the highest rate in more than a decade. For black infants, the rate increased from 14.3 to 14.6. For Hispanic infants, who may be of any race, the rate was up slightly from 7.2 to 7.3.

Also in 2007, there was a decline in the percent of births to mothers receiving adequate prenatal care. Only 72.2 percent of mothers had adequate care, the lowest level in the past decade. Adequate prenatal care is calculated using the Kessner Index, a standard measure of prenatal care based on information provided on birth certificates. The index combines information on the month prenatal care began, gestational age at birth, and number of prenatal visits.

Birth weight of the infant is one of the most important predictors of infant mortality. Infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth are much more likely to die than normal weight infants. In 2007, the number of births weighing less than 500 grams also rose to its highest level in the past decade, 171.

Dr. Donald Williamson, state health officer, said, "We are very concerned about the increase in infant mortality. We must take action to address this disturbing problem and to increase access to quality prenatal care throughout the state. Infants whose mothers receive adequate prenatal care are less likely to die in their first year of life. Regrettably, infants who are born at low birth weight have an infant mortality rate almost 20 times higher than those born at normal weight."

Infant mortality was highest among the "self-pay" mothers (18.3), followed by women on Medicaid (11.0), and women with private insurance as a method of payment (7.7).

Other factors considered to have an impact upon infant mortality include smoking during pregnancy, teen births, multiple births, birth interval, and educational levels. During 2007 in Alabama:

- Mothers who did not smoke (9.5) had fewer infant deaths than mothers who smoked (12.6).
- Maternal smoking was more prevalent among whites than blacks during pregnancy, with black teens smoking the least. The percentages for women smoking during pregnancy are as follows: white teens, 20.4; white adults, 14.2; black adults, 7.1; and black teens 2.6 percent.
- While the percentage of births to teens fell slightly between 2006 and 2007 (13.8 to 13.7), teen infant mortality rates are consistently much higher than adult rates. The infant mortality rate for teenagers in 2007 was 13.8, while the rate was 9.4 in adult mothers.
- Infant mortality is higher for multiple births (53.7) than for single births (8.5).
- The infant mortality rate for mothers giving birth more than once within a two-year interval is higher (12.2) than for mothers giving birth only once within a two-year or more period of time (7.5).
- The higher the educational attainment of the mother the lower the infant mortality rate for the infant as indicated here: Women with less than 12 years of education, 11.8; high school graduates, 11.3; 13 or more years of education, 7.8.

In order to make a major impact on infant mortality, the state must find ways to expand prenatal care to women not receiving it. Expanded efforts in tobacco cessation and family planning are essential. The department will continue to analyze data to identify where more targeted interventions may be useful.

For infant mortality statistics and for other statistical information, visit <http://www.adph.org/healthstats>.