



Forsyth County Infant Mortality Reduction Coalition

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

North Carolina State Center for Health Statistics, 2013 (2012 data)

Rates are based upon deaths per 1,000 live births

Forsyth County – 2012 Data

Total infant mortality rate: **10.2**: • Total births: **4,624** • Total deaths: **47**

↑ White: **8.0** ↓ African American: **14.8** ↑ Hispanic: **7.9** ↑ Other: **15.6**

(↑ or ↓ denotes change from previous year)

Infant mortality five-year average rate 2008-2012: **↑ 10**

• Total infant mortality rate trends: **12.0** (2008), **9.9** (2009), **7.7** (2010), **10.0** (2011), **10.2** (2012)
For the second year in a row, Forsyth County had the highest overall infant mortality rate of the **five most populated** NC counties in 2012.

- Percent born preterm (<=36 weeks gestation): **12.9%** • Percent born low birth weight (<=2500 grams): **10.1%**
- Infant mortality rates swing up or down from year to year, however, Forsyth County has a persistently high infant mortality rate overall, as well as **inequity in birth outcomes**. In 2012, African American infants died at almost twice **↓ (1.85)** the rate of White infants.

North Carolina – 2012 Data

Total infant mortality rate: **↑ 7.4** • Total births: **119,767** • Total deaths: **883**

• White (unchanged): **5.5** ↑ African American: **13.9** ↑ Hispanic: **4.2** ↑ Other: **6.7**

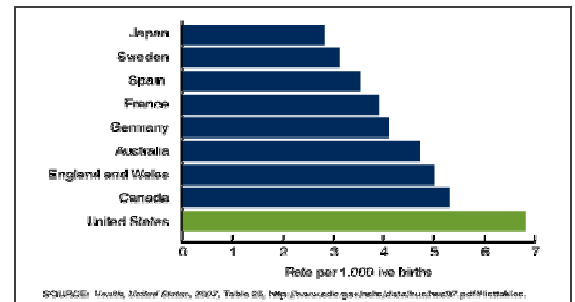
Infant mortality five-year average rate 2008-2012: **↑ 7.5**

- Total infant mortality rate trends: **8.2** (2008), **7.9** (2009), **7.0** (2010), **7.2** (2011), **7.4** (2012)
- Percent born preterm (<=36 weeks gestation): **11.5%** • Percent born low birth weight (<=2500 grams): **8.9%**
- **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 , 2008)

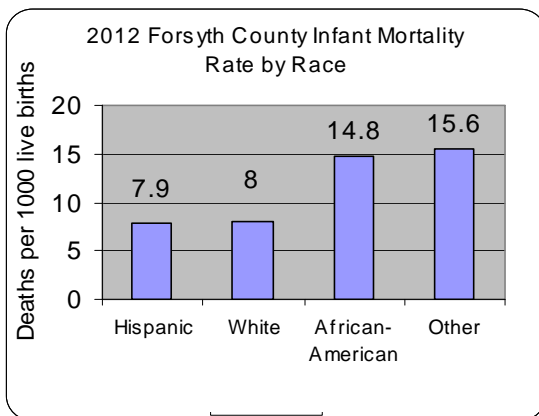
Figure 2. Infant mortality rates: Selected countries, 2004



Why are our babies dying?

Leading causes of NC infant death in 2012:

- Prematurity and low birth weight: **23.8%** (birth before 37 weeks gestation or birth weight less than 5½ pounds)
- Birth defects: **20.6%**
- Other conditions originating in the perinatal period: **19.9%**
- Sudden Infant Death Syndrome (SIDS): **3.2%**



2013 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 10-28-13

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 (SCHS), NC-PRAMS 2011, 2006-2008 data).
- Secondhand smoke hurts a developing baby and causes health problems in infants; **92.2%** NC women do not allow smoking in the same room with their new baby. (SCHS, NC-PRAMS 2011, 2006-2008 data)
- **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

- Women under stress produce corticotropin-releasing hormone (CRH), which can prompt the body to release chemicals triggering contractions leading to preterm birth and low birth weight babies. (March of Dimes, 2010)
 1. **Stress related to pregnancy** – pregnancy-related discomfort, concerns over the health of the baby or how the labor and delivery will go, and added financial burden (March of Dimes 2010).
 2. **Chronic stress** lasting long periods of time, often existing before women become pregnant. These stressors can include food insecurity, unemployment, living in poverty, or interpersonal violence (March of Dimes 2010).
 3. **Racism** – African American women experience chronic stress from racism throughout their lifetime, increasing their risk for premature birth and low birth weight more than women of other racial/ethnic groups (March of Dimes 2010) Approximately **10 %** of women in NC felt emotionally upset due to race based treatment during the 12 months prior to pregnancy (SCHS, NC-PRAMS 2011, 2006-2008 data)

Other factors

- A variety of infections in pregnant woman can increase an infant's risk of preterm 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) contribute to preterm birth.
- Consuming alcoholic beverages during pregnancy increases the risk of preterm birth, low birth weight, or 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).
- Birth defects, domestic violence, teen pregnancy, single parenthood, poverty, late or no prenatal care are all factors that contribute to poor birth outcomes.

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.***

How can we help families “get back to basics” in our community?

- **Healthy Environments** – Women need to be healthy across their lifespan in order for babies to be born healthy and thrive. Communities need to assure that all women have access to healthy foods, opportunities for physical activity, quality housing, and good jobs with paid sick leave.
- **Access to Family Planning / Contraception** – **42.7%** of pregnancies among NC women ages 18-44 were unintended (SCHS, NC-PRAMS 2011, 2006-2008 data). Communities can prevent unintended pregnancies by assuring that all sexually active males and females have access to affordable family planning / contraception services and counseling.
- **Build social capital** – family and community support can reduce isolation, prevent depression, and alleviate stress.
- **Breastfeeding friendly community** – **74.9%** of NC babies have been breastfed (ever breastfed), but only **48.5%** are still breastfeeding by 6 months of age. (CDC, 2013 Breastfeeding Report Card, 2010 data). Employers, public agencies, faith communities, child care centers, and health care providers all play a pivotal role in supporting breastfeeding. Breastfeeding confers lifelong physical and mental health benefits to moms and babies. Breastfeeding is **ORGANIC, LOCAL, and SUSTAINABLE.**

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.