



Forsyth County Infant Mortality Reduction Coalition

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

(North Carolina State Center for Health Statistics, 2008 -
The most recent data available is for the year 2007)

2008 Fact Sheet

Forsyth County

- **11.1** infant deaths for every 1,000 live births • Minority rate: **19.2** • White rate: **7.9**
- Forsyth County has the 5th worst rate of the five **most populated** NC counties.
- Though the rates sometimes swing up or down from year to year, we continue to have an *ethnic disparity*. Black babies are 2 to 3 times more likely to die than white babies are.

North Carolina

- **8.5** infant deaths for every 1,000 live births • Minority rate: **13.9** • White rate: **6.3**
- This is a 5% increase over the 2006 rate of 8.1, the lowest rate in the state's history.
- **North Carolina still has one of the nation's highest infant mortality rates ranking 44th in the nation for infant deaths** (based on provisional data from the Centers for Disease Control and Prevention for 2004-2005).

United States (Centers for Disease Control, 2004)

- Overall infant death rate in the US is **6.8** infant deaths per 1,000 live births
 - Black rate: **13.6** infant deaths per 1,000 live births
 - White rate: **5.7** infant deaths per 1,000 live births

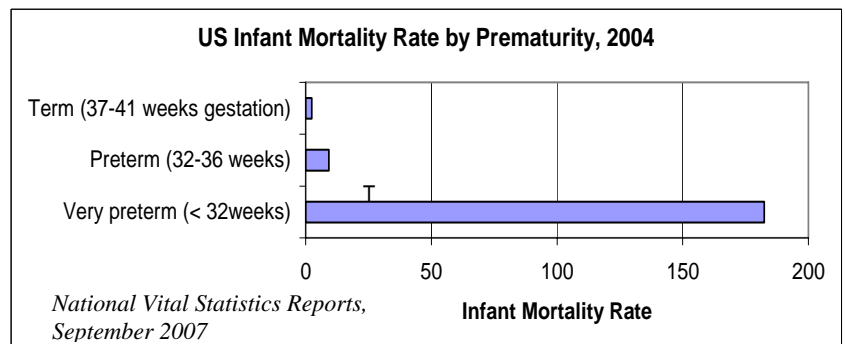
Why are our babies dying?

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

- In North Carolina, prematurity and low birth weight accounted for 18.6 percent of deaths of infants under 1 year old and 27.3 percent of the neonatal deaths (infants under 28 days old)
 - In Forsyth County, over two-thirds of our infants who died in 2007 were born premature. Most were born two or three months too early.

- Birth defects were the cause of 18.2 percent of the deaths in North Carolina.
- Sudden Infant Death Syndrome (SIDS), accounted for 8.9 percent of infant deaths in NC
- Other causes of death included respiratory problems and other medical conditions, diseases, infections and accidents.

Homicide or assault were blamed For 1.1 percent of deaths.



The FCIMR Coalition is a community partnership housed within the:



Factors that may contribute to a pregnant woman going into labor too early:

Smoking

- Forsyth County women who smoked during pregnancy were **almost twice as likely to have a baby die** than women who did not smoke (FC Department of Public Health, 2002)
- Almost **10%** of pregnant Forsyth County women smoke (NC State Center for Health Statistics, 2007)
- Breathing in other people's smoke can also hurt a developing baby and cause health problems in infants.
- **10% of infant deaths in this country could be prevented by eliminating maternal smoking** (*Women and Smoking – a Report of the Surgeon General*, 2001, Centers for Disease Control)

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). CRH also prompts 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 such as bacterial vaginosis and STDs (sexually transmitted diseases) may have the highest risk of premature delivery. Even periodontal disease and infections in the mouth may have an impact.

Using Alcohol or Other Drugs

- 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 they become pregnant 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** – Being healthy *before* becoming pregnant is the best way for mom and baby to be healthy and thrive.
 - Racism
 - Birth Defects
- Unplanned pregnancy - Over 60% of pregnancies in Forsyth County are unplanned
- Poor Nutrition
- Domestic violence
- Teen pregnancy
- Single parenthood
- Psychological factors such as depression and low levels of social support
- Poverty
- AIDS and STDs
- 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 Department of Public Health, is a partnership of organizations and individuals working together to reduce infant mortality in our community.