



State of North Carolina  
Department of Health and Human Services

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**Infant mortality rate drops to lowest in state's history in 2006,  
while record number of babies are born**

RALEIGH — North Carolina's 2006 infant mortality rate was 8.1 deaths per 1,000 live births in 2006, the lowest in the state's history and an 8 percent drop from 8.8 in 2004 and 2005. At the same time, there was a record number of births in the state — 127,646 babies were born to North Carolina residents in 2006, nearly 4 percent more than in 2005.

The state's minority infant mortality rate, which has shown declines for four of the past five years, dropped to an all-time low of 13.6 deaths per 1,000 live births in 2006. The white infant mortality rate declined in 2006 for the first time in four years to 6.0; the 2005 white rate was 6.4. In spite of the fact that the minority rate dropped 8.7 percent compared to a 6.3 percent drop in the white rate, racial disparities in infant mortality persist. Minorities continue to experience an infant mortality rate more than double that of the white population, an historical trend.

Of the 127,646 live births last year, 71,285 (nearly 56 percent) were white non-Hispanic; 29,626 (just over 23 percent) were black non-Hispanic; 21,202 (almost 17 percent) were Hispanic; 1,697 (a little more than 1 percent) were American Indian non-Hispanic; and 3,836 (3 percent) were other of races/ethnicities.

Approximately 17 percent of infant deaths were due to birth defects in 2006. Prematurity and low birth weight accounted for 31 percent of the deaths of 2006 newborns under 28 days old, an increase from the previous year. Minority women continued to experience markedly higher rates of low and very low birthweight births (13.4 percent of live minority births) than did whites (7.4 percent). These higher rates are responsible for much of the gap between white and minority birth outcomes.

The number of infant deaths related to SIDS (Sudden Infant Death Syndrome) decreased for the second year in a row, accounting for 94 deaths of babies under one year old. SIDS deaths in licensed child care settings have continued to be very low, averaging less than two per year, since the state's Prevent SIDS law went into effect in 2003. The law mandates training for licensed child care providers, safe sleep positioning (on the back) for babies, and written policies discussed with parents. Collaboration between the N.C. Healthy Start Foundation, N.C. Division of Child Development, N.C. Division of Public Health and other agencies led to the development and implementation of the state guidelines and training.

Infant mortality rates have improved dramatically over the past 30-plus years in North Carolina, declining 56 percent since 1975, when 18.5 out of 1,000 babies died. However, North Carolina still has one of the nation's highest infant mortality rates. The Centers for Disease Control and Prevention (CDC) cites a U.S. infant mortality rate of 6.6 for 2006 (provisional rate). The United Health Foundation ranked North Carolina 45<sup>th</sup> in infant mortality based on 2004-2005 data (the most recent state-by-state ranking available). Only South Carolina (46), Alabama and Tennessee (47), and Louisiana and Mississippi (49) had higher infant mortality rates than North Carolina.

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“Improving the health of girls and women throughout their lives — not just when they are pregnant — is a vital step to reducing infant mortality rates,” said State Health Director Leah Devlin. “Healthy women tend to have healthier babies. Pregnancy is a huge challenge to a woman’s body. If her general health is poor, she won’t be able to meet the physical and other challenges of growing a healthy baby.”

North Carolina is moving in the right direction by implementing programs that positively affect women’s health and behaviors. Research shows that women smoking or being exposed to secondhand smoke while pregnant is related to poor birth outcomes. Currently, all local health department maternal health programs are required to provide supportive “quit” services for women — especially pregnant women — who use tobacco, using the 5As (Ask, Advise, Assess, Assist, Arrange). Statewide, hundreds of healthcare providers have been trained to implement this 5-step approach. The N.C. Tobacco Use Quitline (1-800-QUIT-NOW) also has trained Quit Specialists available from 8 a.m. to 12 midnight 7 days a week. Services are available in English, Spanish and other languages, as well as for the deaf/hard-of-hearing.

In spite of reductions in infant mortality rates, the disparity between white and African American and Native American birth outcomes has remained largely unchanged over the years. Focus group discussions with more than 200 women indicated that many of these women put their families’ preventive health care ahead of their own, and others have difficulty accessing unbiased and supportive preventive health care. To help combat these and other problems, North Carolina has a network of local communities, non-profit agencies, public and private health care providers, and state and national agencies working together to reduce infant mortality. For example, the state has four federally funded Healthy Start grants covering 15 counties. These locally-based programs now work with women and their infants for two years following delivery of the baby, helping them to obtain a medical home and address issues of birth spacing, as well as promoting breastfeeding, taking daily multivitamins with folic acid, and other good health practices.

Since 1990, a unique public/private partnership between the N.C. Department of Health and Human Services and the North Carolina Healthy Start Foundation has been working to improve the health of women, babies and young children by educating the public, training professionals, and advising policymakers. They provide bilingual information to women and families through printed materials, videos and the statewide, toll-free N.C. Family Health Resource Line (1-800-367-2229).

In another effort to reduce the incidence of premature births, North Carolina recently became one of the first states to make 17P (17 alpha hydroxyprogesterone caproate) available at no charge to low-income pregnant women at high risk for preterm birth, as recommended by the American College of Obstetrics and Gynecology. Weekly injections of 17P have been shown to reduce the risk of preterm birth by over one-third. Not only does 17P improve birth outcomes, but it saves money — the cost of 17P for one woman is less than one-tenth that of a preterm birth in North Carolina. The General Assembly and the Division of Medical Assistance provided funds to purchase 17P beginning last year. More information about 17P is on the web at [www.mombaby.org](http://www.mombaby.org) .

“Many North Carolinians lack health insurance or are under-insured,” Devlin said. “We have high rates of heart disease, stroke, diabetes, obesity and other chronic health problems. Our childhood poverty rates are substantially higher than in the nation as a whole, and our per-capita spending for public health is among the lowest in the nation. These problems need to be addressed if we are to reduce infant mortality and eliminate the health disparities that hit our minority populations especially hard.”

The National Healthy Start Association has worked with federal legislators to designate September 2007 as Infant Mortality Awareness Month to increase national awareness of the factors contributing to infant mortality and to urge community leaders’ involvement in efforts to reduce the rate of infant mortality in this country by 2010. The National Healthy Start Association has produced a tool kit to help communities to spread the word about preventing infant mortality (see [www.healthystartassoc.org/tkguide.html](http://www.healthystartassoc.org/tkguide.html) .)

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### **NOTE TO REPORTERS:**

Selected state and county data tables, 1977-2006 IMR graph, and N.C. Perinatal Care Region (PCR) map attached. For a full set of Infant Mortality Rate (IMR) data tables, see [www.schs.state.nc.us/SCHS/deaths/ims/2006](http://www.schs.state.nc.us/SCHS/deaths/ims/2006) .

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