



Alabama Perinatal Health Act Annual Progress Report for FY 2017 Plan for FY 2018



"It is more likely for a child to die in the first year after birth than in all the rest of childhood"



STATE OF ALABAMA INFANT MORTALITY REPORT 2016

ALABAMA
PUBLIC
HEALTH

The Alabama Department of Public Health (ADPH), Center for Health Statistics, Bureau of Family Health Services – State Perinatal Program and Maternal and Child Health Epidemiology Branch compiled this annual report as required under §22-12A-6, Alabama Perinatal Health Act, (Acts 1980, No. 80 – 761, p. 1586, § 1.)

INTRODUCTION

Infant health is an indicator of the overall quality of health of a population. Infant mortality is the death of an infant born alive who dies before his/her first birthday. The health of women before and during pregnancy, access to adequate healthcare, and living conditions are among the multiple factors contributing to infant mortality. Alabama historically has one of the highest infant mortality rates in the nation. This report describes infant deaths in Alabama during 2016.

**TOTAL BIRTHS
IN 2016:**

59,090

**TOTAL INFANT
DEATHS IN 2016:**

537

**INFANT
MORTALITY RATE**

9.1 INFANT
DEATHS PER
1,000 LIVE
BIRTHS

INCREASE



This represents a
9.6 percent increase
from the 2015 rate
of 8.3 infant deaths
per 1,000 live births

**2015 UNITED STATES
RANKING, ALABAMA:**



2015 CDC Vital Statistics

**HEALTHY PEOPLE
2020 TARGET INFANT
MORTALITY RATE:**

6.0

MESSAGE FROM THE ACTING STATE HEALTH OFFICER

Dear Senators and Representatives:

I am pleased to share the Alabama Perinatal Report, which describes the fiscal year 2016 infant mortality data, leading causes of infant mortality, and strategies for 2018.

For every 1,000 Alabama live births, approximately 9.1 infants died before reaching their first birthday in 2016. When compared to the 2015 national rate of 5.8 infant deaths per 1,000 live births, Alabama's infant mortality rate remains one of the highest in the nation. In 2016, there were 59,090 live births in Alabama with 561 fewer births than in 2015. Of these births, 39,241 were to white women and 19,849 were to black and other women. Alabama's infant mortality rate for black infants in 2016 was more than twice the rate for white infants (15.1, blacks vs. 6.5, whites). This is an indication that health disparities remain an issue and that the health status of mothers and infants continues to be a significant challenge that requires ongoing support for the State Perinatal Program.

Healthy mothers, babies, and families are the foundation of a healthier Alabama. I believe the strategies under development will yield long-term benefits if we all work collaboratively to accomplish our vision of creating an environment for all Alabama citizens to be healthy. This report can be viewed at www.alabamapublichealth.gov/perinatal.

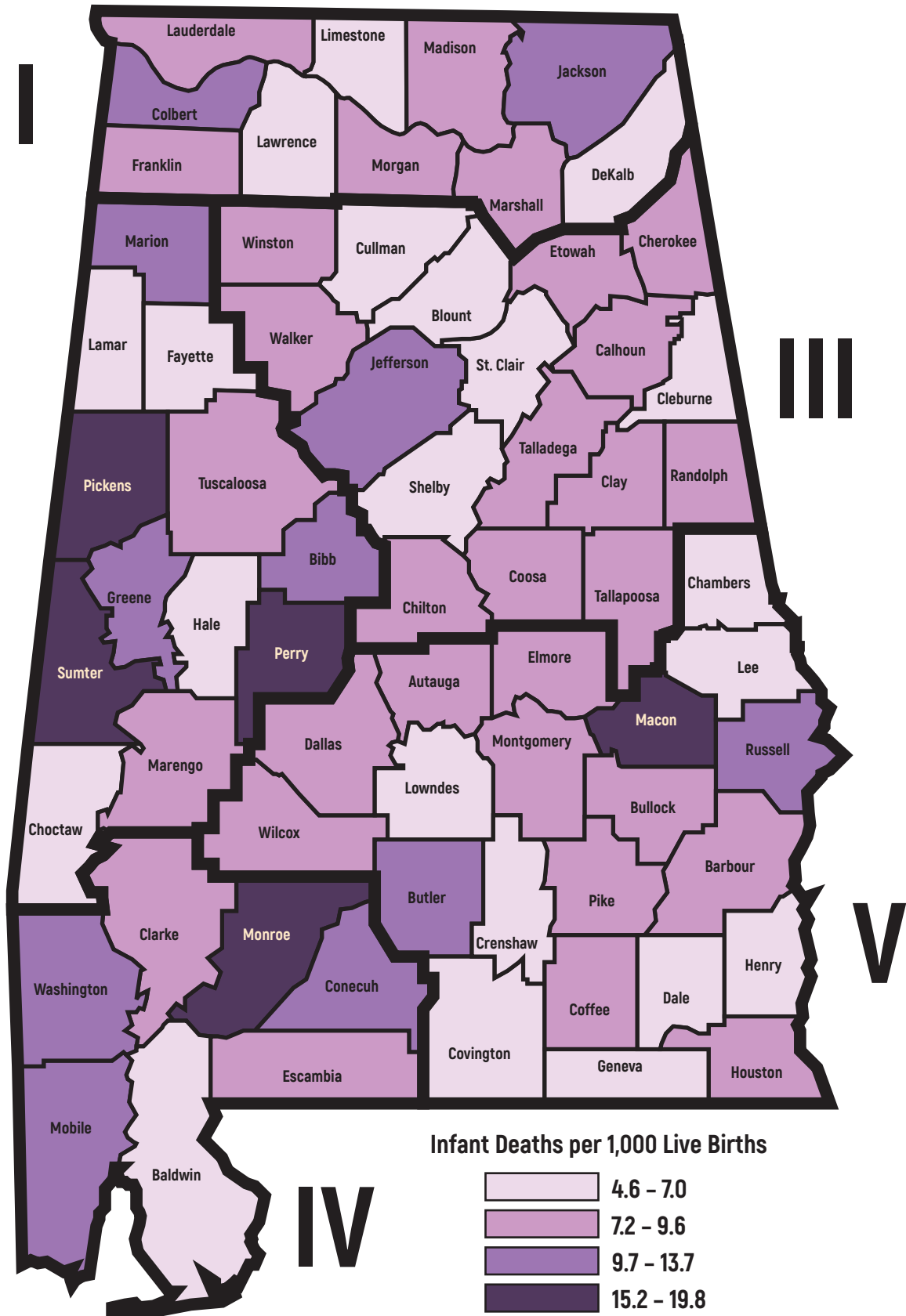
Sincerely,



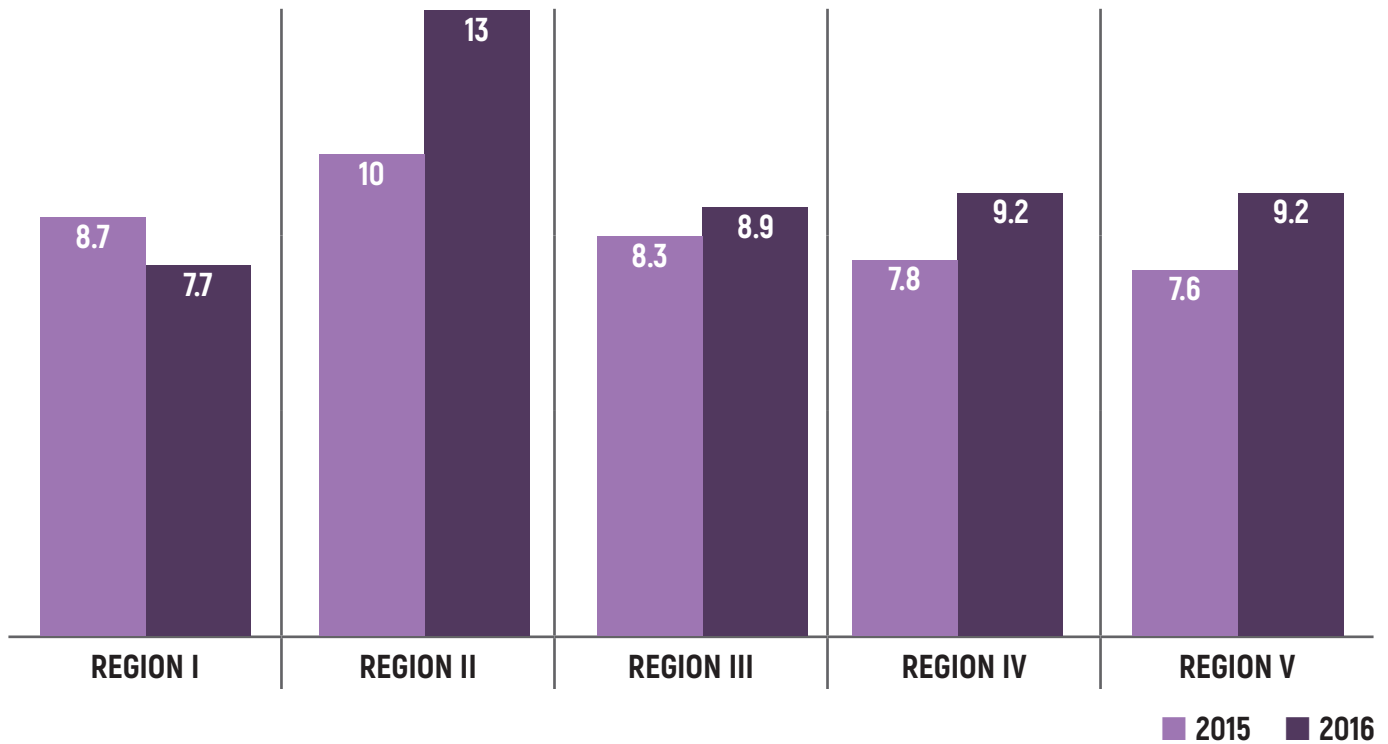
Scott Harris, M.D.
Acting State Health Officer



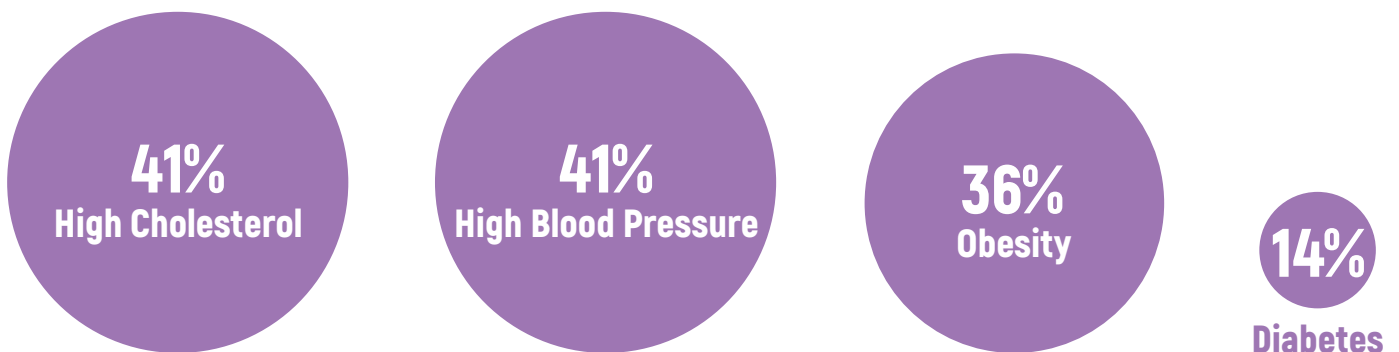
INFANT MORTALITY RATES BY COUNTY, ALABAMA, 2012-2016



INFANT MORTALITY BY PERINATAL REGIONS IN ALABAMA, 2015-2016



DIAGNOSED CHRONIC MEDICAL CONDITIONS IN WOMEN OF CHILDBEARING AGE



2015 Alabama Behavioral Risk Factor Surveillance System Data for Females 18 & Over

The health of women and men before and between conception plays a role in birth outcomes and infant mortality. The Centers for Disease Control and Prevention recommend the following as ways to influence birth outcomes:

1. Improve knowledge, attitude, and behaviors of men and women related to preconception and interconception health.
2. Ensure that all women of childbearing age receive preconception care services that will enable them to enter into pregnancy in optimal health.
3. Reduce risks indicated by any previous adverse pregnancy outcome through interventions during the interconception period, which can prevent or minimize health problems for a mother and her future children.
4. Reduce the disparities in adverse pregnancy outcomes.

RACIAL DISPARITY

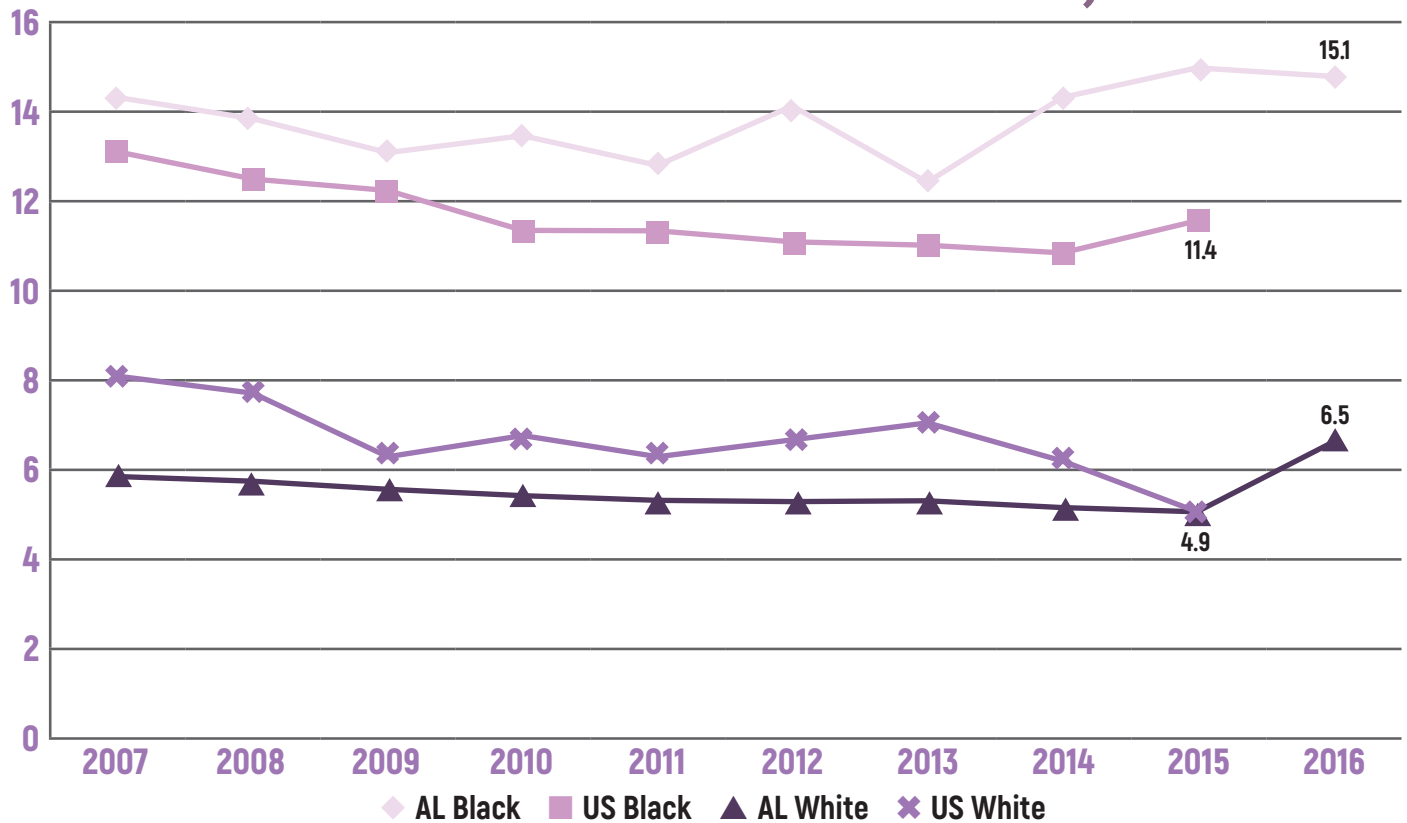
Over the past 10 years the infant mortality rate has fluctuated. Traditionally, the black infant mortality rate has been disproportionately high. In 2016, infant mortality for black infants was 15.1 infant deaths per 1,000 live births compared to 6.5 infant deaths per 1,000 live births for white infants.



**THE
INFANT
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RATE FOR
BLACK
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TWICE THE
RATE FOR
WHITE
INFANTS**

ADPH, MCH Epidemiology Branch, 2016

INFANT MORTALITY RATES AL VS. US, 2007-2016



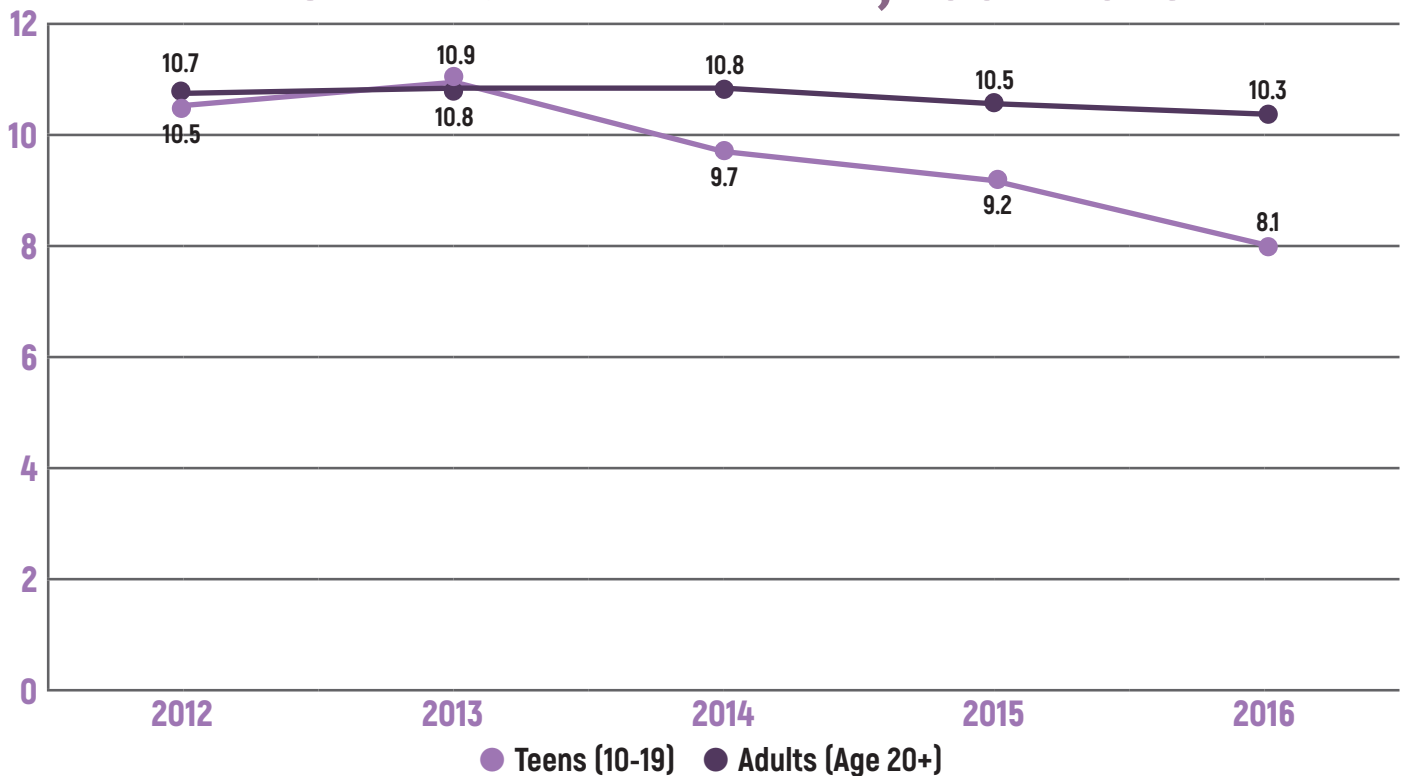
Infant mortality rates per 1,000 live births (ADPH, Center for Health Statistics, 2016)

SMOKING DURING PREGNANCY

PERCENT OF BIRTHS WITH MATERNAL SMOKING



MATERNAL SMOKING BY AGE OF MOTHER IN ALABAMA, 2007-2016

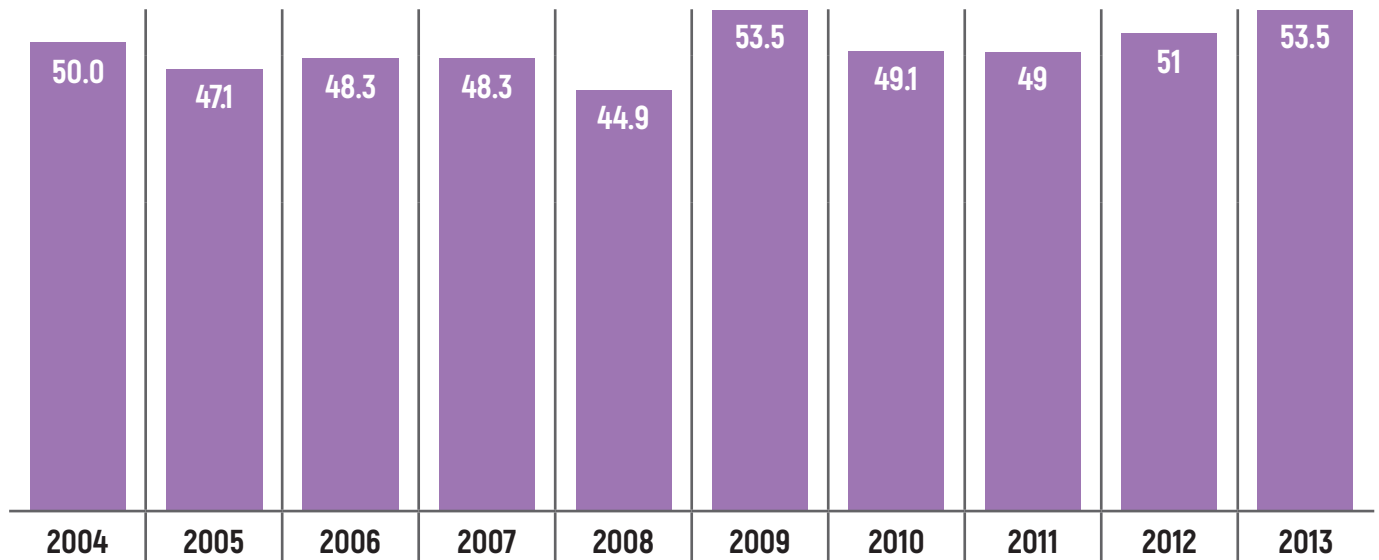


ADPH, Center for Health Statistics, 2016

UNINTENDED PREGNANCIES IN ALABAMA, PRAMS 2004 - 2013

In 2013, there was an increase in the number of unintended pregnancies compared to 2012. According to The National Campaign to Prevent Teen and Unplanned Pregnancy, women who have an unintended pregnancy are at risk for delayed prenatal care, smoking and substance abuse during pregnancy, premature delivery, and are less likely to breastfeed.

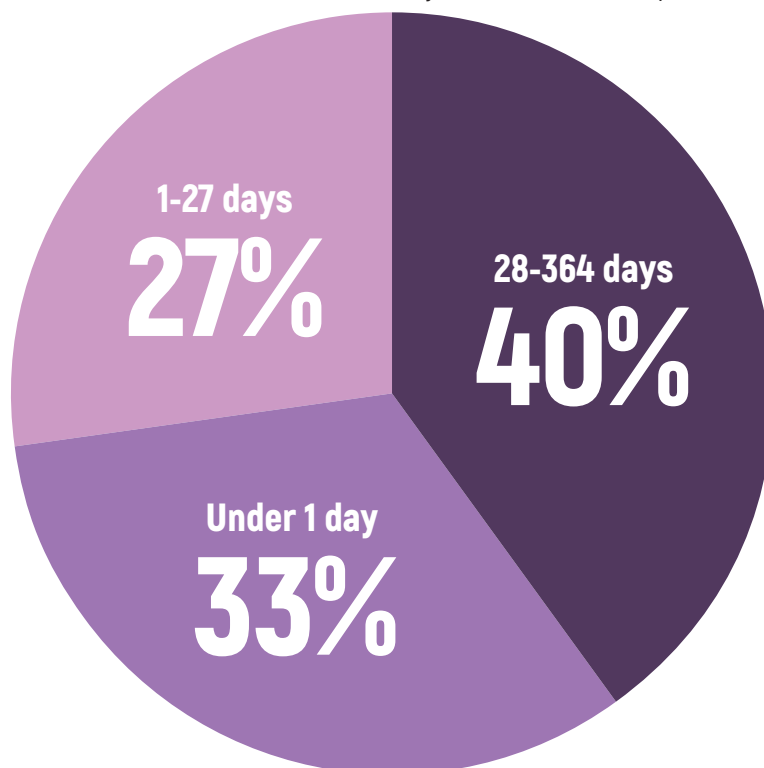
The Consequences of Unintended Childbearing, The National Campaign to Prevent Teen and Unplanned Pregnancy, May 2007



2013 Surveillance Report PRAMS, ADPH Center for Health Statistics [Latest available PRAMS data]

NEONATAL AND POST-NEONATAL MORTALITY

In 2016, 33 percent of all infant deaths occurred on the first day of life. Another 27 percent occur within the first month.

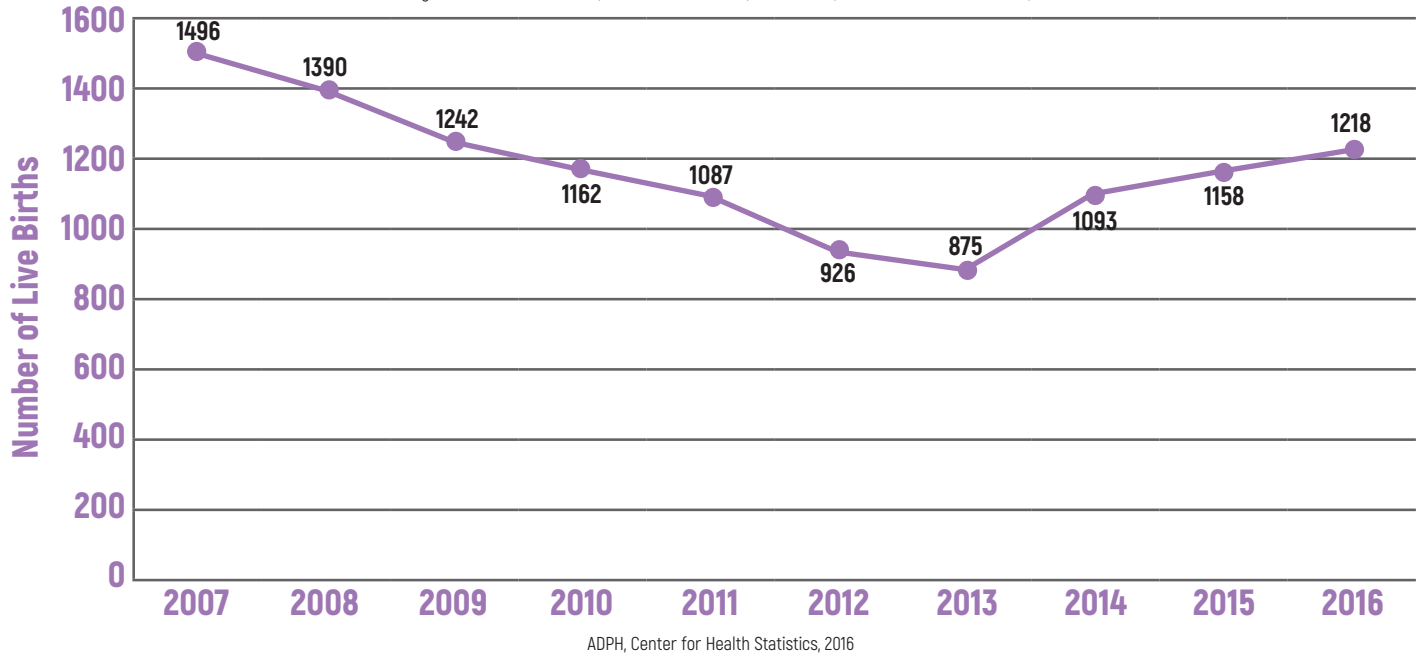


ADPH, MCH Epidemiology Branch, 2016

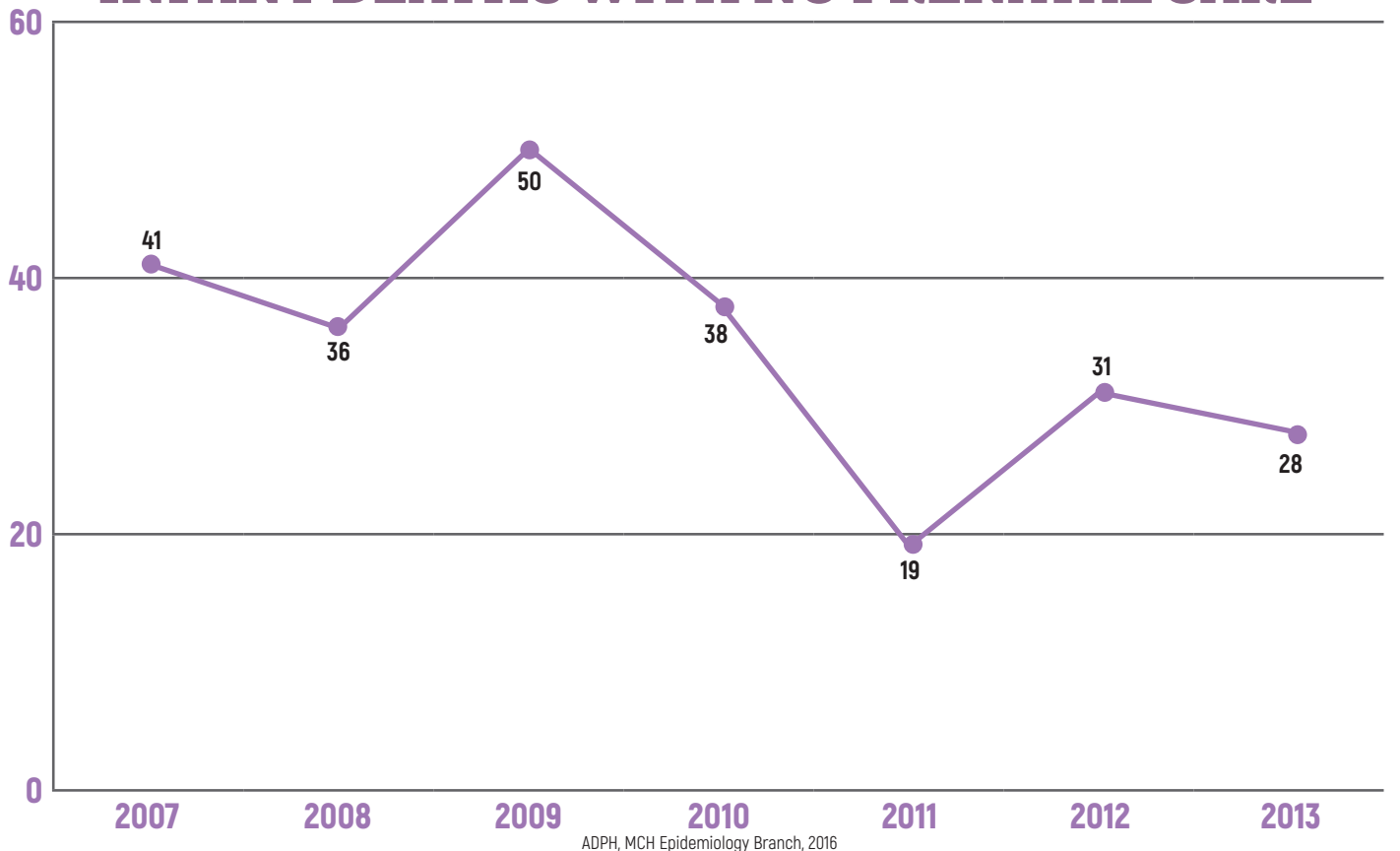
BIRTHS WITH NO PRENATAL CARE

Access to adequate, early, and consistent prenatal care may be determined by the availability of health insurance coverage for pregnant women. In 2016, 85.1 percent of pregnant women with private insurance received adequate prenatal care, compared to 67.6 percent of pregnant women who were insured by Medicaid, and 58.8 percent of pregnant women who were self-pay.

Ensuring Access to Prenatal Care, Institute of Medicine, 2002. ADPH, Center for Health Statistics, 2016

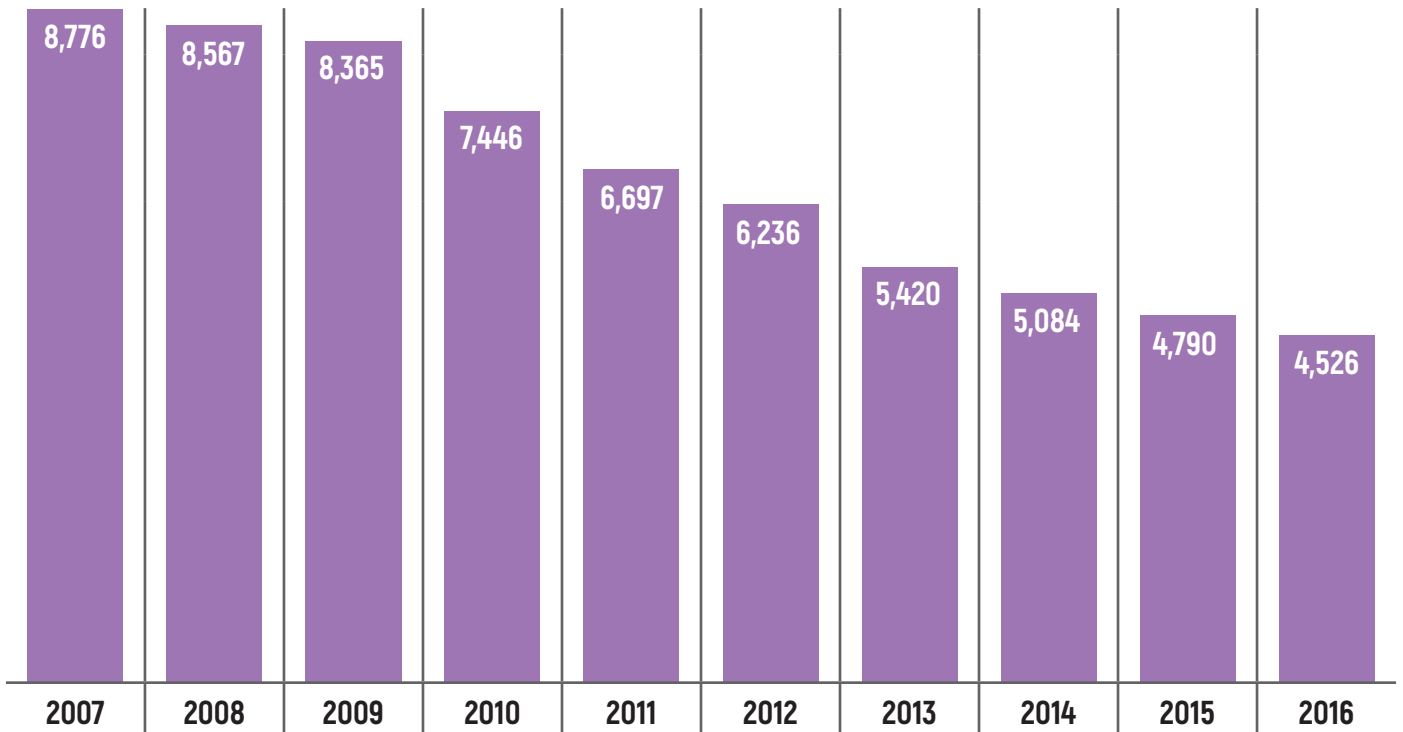


INFANT DEATHS WITH NO PRENATAL CARE



TEEN BIRTHS

The teen birth rate in Alabama, as seen nationally, has been trending downward over the last decade with 2016 being the lowest in recorded history.

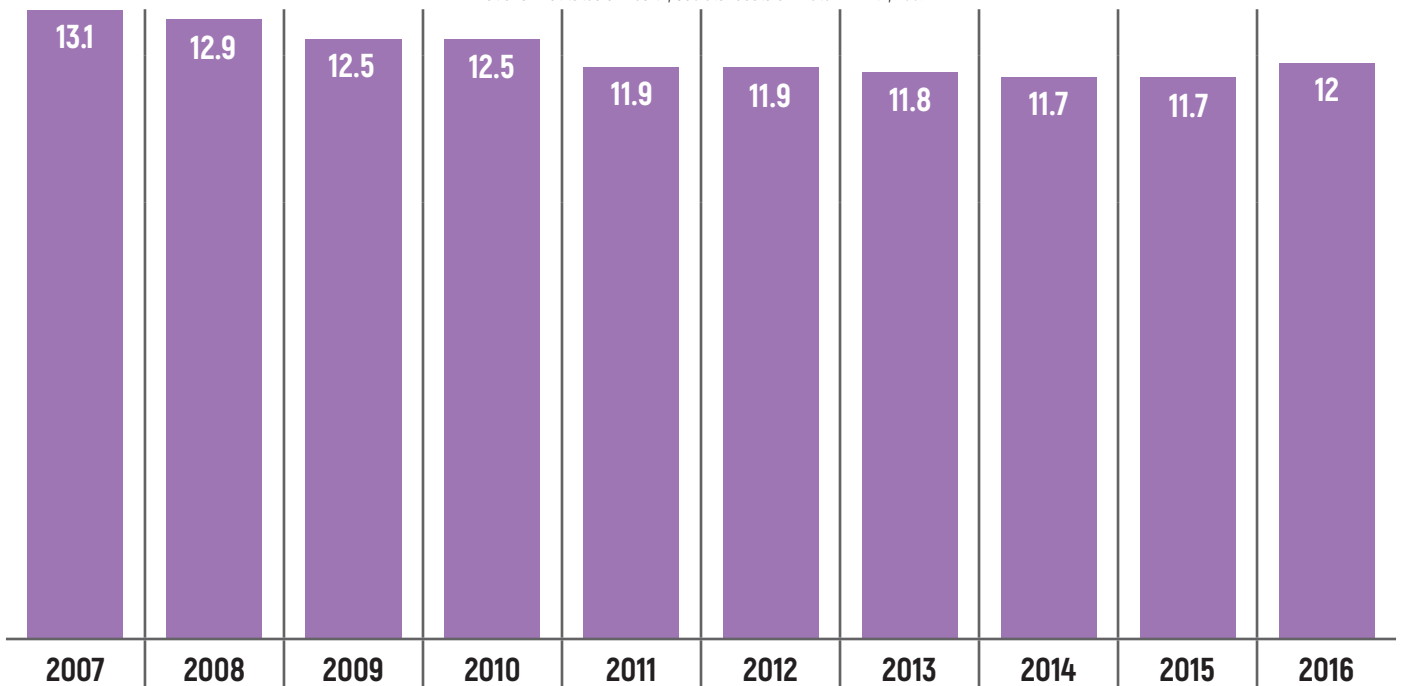


ADPH, Center for Health Statistics, 2016

PRETERM BIRTHS

Preterm births occur when a baby is born too early, before 37 weeks of pregnancy. The definitive cause(s) of prematurity remains unknown. Babies who survive premature birth often have long-term health problems. The Institute of Medicine reported that the cost associated with premature birth in the United States was \$26.2 billion in 2007.

National Institutes of Health, Societal Costs of Preterm Birth, 2007

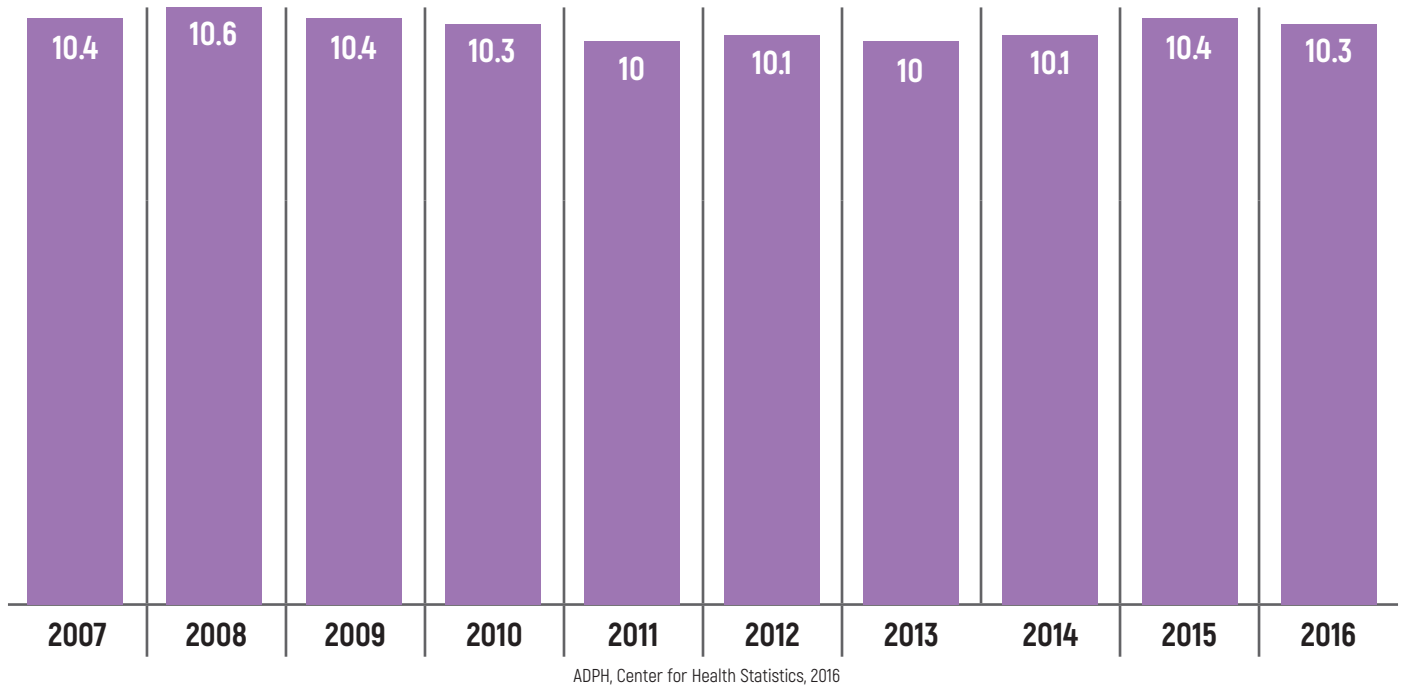


ADPH, Center for Health Statistics, 2016

LOW BIRTHWEIGHT

Low birthweight infants are infants who weigh less than 2,500 grams or 5.5 pounds at birth. The medical and socioeconomic needs that are required by low birthweight infants are significant and the costs are high. Low birthweight infants who survive the first year of life incur medical bills averaging \$93,800 per infant.

Source: National Healthy Start Association

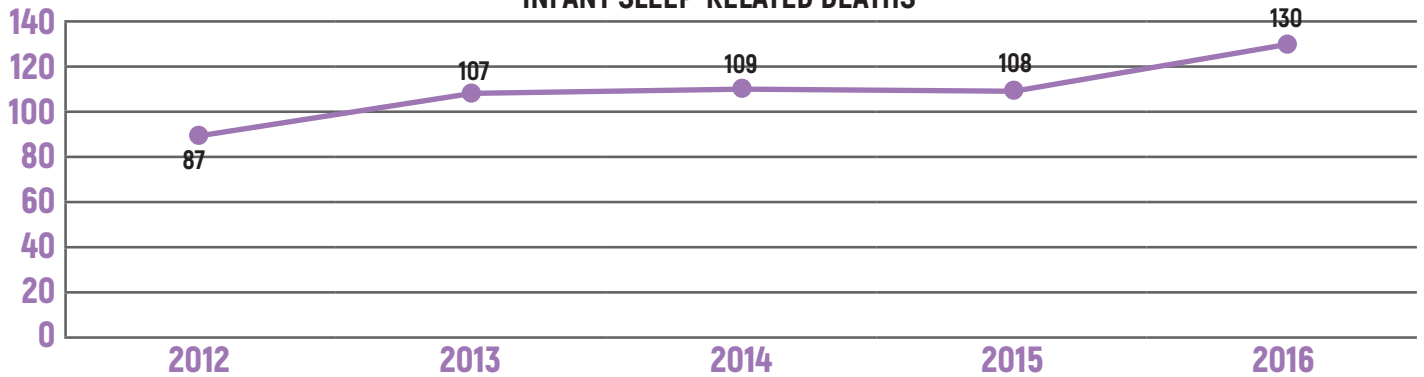


SUDDEN UNEXPLAINED INFANT DEATH

A safe sleep environment reduces sleep-related deaths for infants less than one year of age. The **A-B-Cs** of safe sleep:

- **A**lone - on a flat, firm surface, like a crib or bassinet for every sleep (including naps).
- **B**ack - infant placed to sleep on his or her back for every sleep.
- **C**rib - infant sleeps in his or her own crib or bassinet.
 - In his or her own sleep space, not in an adult bed, recliner, sofa, bouncer, swing, or car seat. Not with siblings, adults, pets, pillows, stuffed animals or toys, blankets, or bumper pads. Only a fitted crib sheet and baby should be in the crib or bassinet.
 - In a smoke-free environment.
 - In a room with the temperature comfortable for the climate (approximately 70 -72 degrees).

INFANT SLEEP-RELATED DEATHS



THREE LEADING CAUSES OF INFANT MORTALITY IN ALABAMA, 2016

1. CONGENITAL ANOMALIES

Congenital anomalies, also known as birth defects, were the leading cause of infant mortality in 2016. Most congenital anomalies have unknown causes. Congenital heart defects and chromosomal abnormalities such as Trisomy 18 or 21 are some of the most common birth defects that contribute to high rates of infant mortality.

2. PREMATURITY

Prematurity was the second leading cause of infant mortality in 2016. Infants who are born preterm and survive, often face a lifetime of disabilities. In 2016, 12 percent of all live births were born preterm in Alabama and 64.8 percent of infant deaths were associated with being born preterm.

3. SUDDEN INFANT DEATH SYNDROME (SIDS)

SIDS was the third leading cause of infant mortality. Sleep-related deaths were responsible for claiming the lives of 130 of the 537 infant deaths in 2016. Sudden Unexplained Infant Death (SUID) often occurs when an infant is sleeping in an unsafe sleep environment and suffocation, overlay, entrapment, or strangulation occurs. The majority of SUID deaths in infants are preventable.

2018 PLANS TO REDUCE INFANT MORTALITY IN ALABAMA

- Utilize the Alabama Perinatal Regionalization System Guidelines to improve access to risk appropriate care statewide.
- Increase the use of progesterone to women with a history of prior preterm birth.
- Reduce tobacco use among women of child-bearing age.
- Encourage women to wait at least 18 months between giving birth and becoming pregnant again.
- Continue safe sleep education efforts.
- Expand the Fetal and Infant Mortality Review Program activities at the community level.
- Identify, study, and learn the factors that play a role in infant survival; implement initiatives at the community level to improve infant health and vitality statewide.
- Establish a Maternal Mortality Review Committee to analyze the maternal deaths that occur within the state, so as to improve maternal health outcomes.

ACKNOWLEDGEMENTS

The State Perinatal Program acknowledges the families touched by infant death in Alabama. This report is generated with the goal of preventing future tragic losses.

Thank you to the State Perinatal Advisory Committee, the State Committee of Public Health, the Center for Health Statistics, and the Maternal and Child Health Epidemiology Branch for helping tell the story about infant mortality and working to improving the lives of women, infants, and families in Alabama.

REFERENCES

Data for this report is made available by the Center for Health Statistics and the Maternal and Child Health Epidemiology Branch. <http://www.alabamapublichealth.gov/healthstats/publications.html>

Data for United States Ranking and Healthy People 2020 Infant Mortality Rate made available by the Centers for Disease Control and Prevention.

https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf

Data for Chronic Maternal Medical Conditions made available by Behavioral Risk Factor Surveillance System data collected in the Bureau of Health Promotion and Chronic Disease.

<http://www.alabamapublichealth.gov/brfss/data.html>

Data for Unintended Births in Alabama made available by the 2013 Pregnancy Risk Assessment Monitoring System. <http://www.alabamapublichealth.gov/healthstats/assets/PRAMS2013.pdf>

How much Does Infant Mortality Cost the Nation? National Healthy Start Association.

http://www.nationalhealthystart.org/healthy_start_initiative/how_much_does_infant_mortality_cost

