Alabama Perinatal Health Act Annual Progress Report For FY2025 Plan For 2026

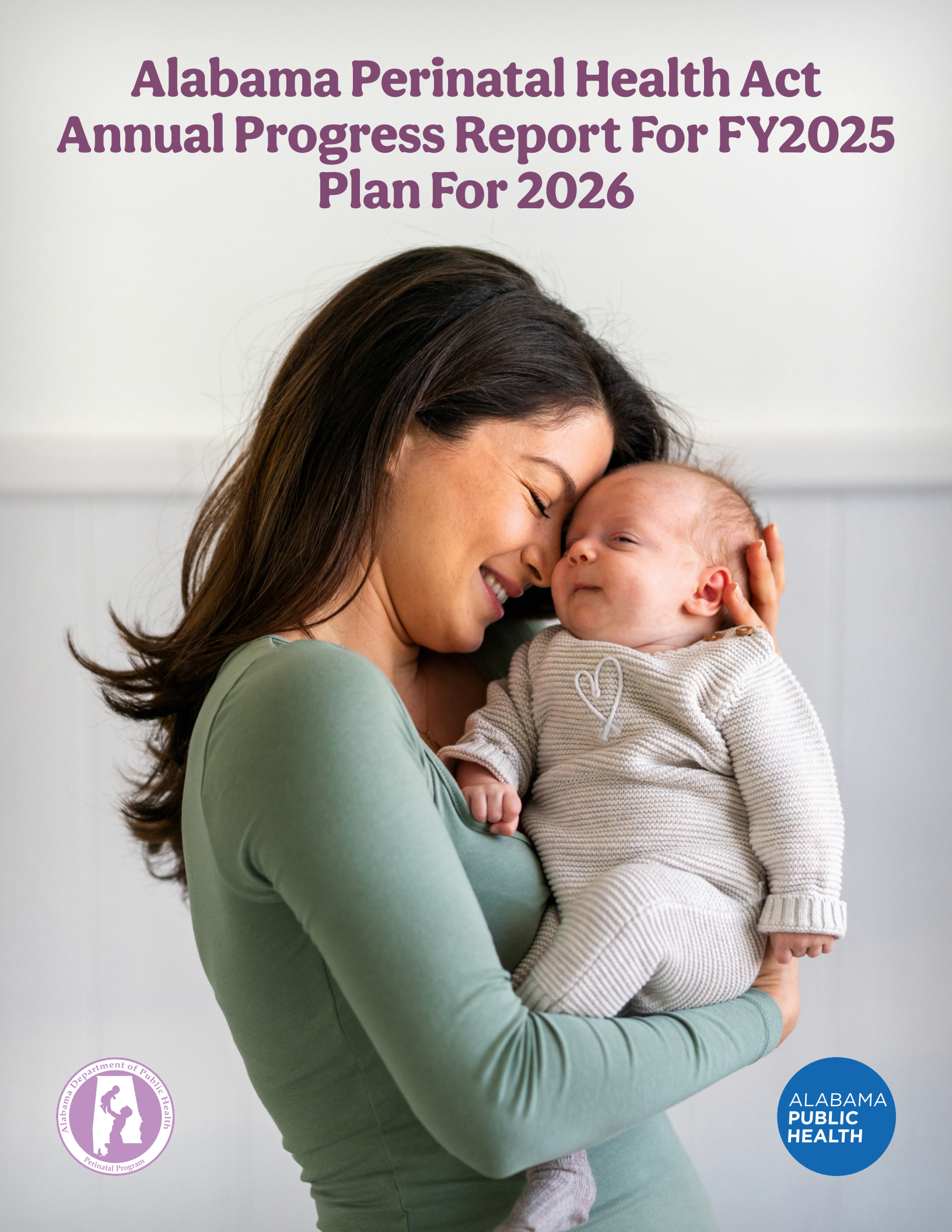


Table of Contents

Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

March 11, 2026

Dear Senators and Representatives:

It is my pleasure to share the Alabama Perinatal Report, which describes the Fiscal Year 2024 infant mortality data, leading causes of infant mortality, and strategies for addressing this issue in 2026.

In 2024, Alabama's infant mortality rate was 7.1 deaths per 1,000 live births, which is a decrease from the 2023 rate of 7.8. Alabama's infant mortality continues to be higher than the provisional U.S. rate for 2024, which is 5.5. Racial disparities persist in Alabama as the infant mortality rate of black infants is nearly 2 times the rate of white infants. The leading causes of infant deaths include congenital malformations, deformations, and abnormalities; disorders related to short gestation and low birth weight; and bacterial sepsis of the newborn.

The health of a mother and infant are interwoven. Alabama, like the nation, continues to face an urgent maternal and infant health crisis. Lack of access to care, closure of labor and delivery services, poverty, poor nutrition, and chronic disease play significant roles in the health of mothers and infants. With the purpose to improve, promote, and protect health, it is essential that we address the factors that contribute to maternal and infant poor health outcomes. The State Perinatal Program is committed to collaborating with our partners across the state to reduce the barriers to healthy living and improving the quality of life for all Alabama families.

Please take a few moments to review this report at www.alabamapublichealth.gov/perinatal. Because of your ongoing support, Alabama families can look forward to the future with enthusiasm. Thank you.

Sincerely,

Scott Harris, M.D., M.P.H.
State Health Officer

SH/KC/SG

MAILING ADDRESS Post Office Box 303017 | Montgomery, AL 36130-3017
PHYSICAL ADDRESS The RSA Tower | 201 Monroe Street | Montgomery, AL 36104

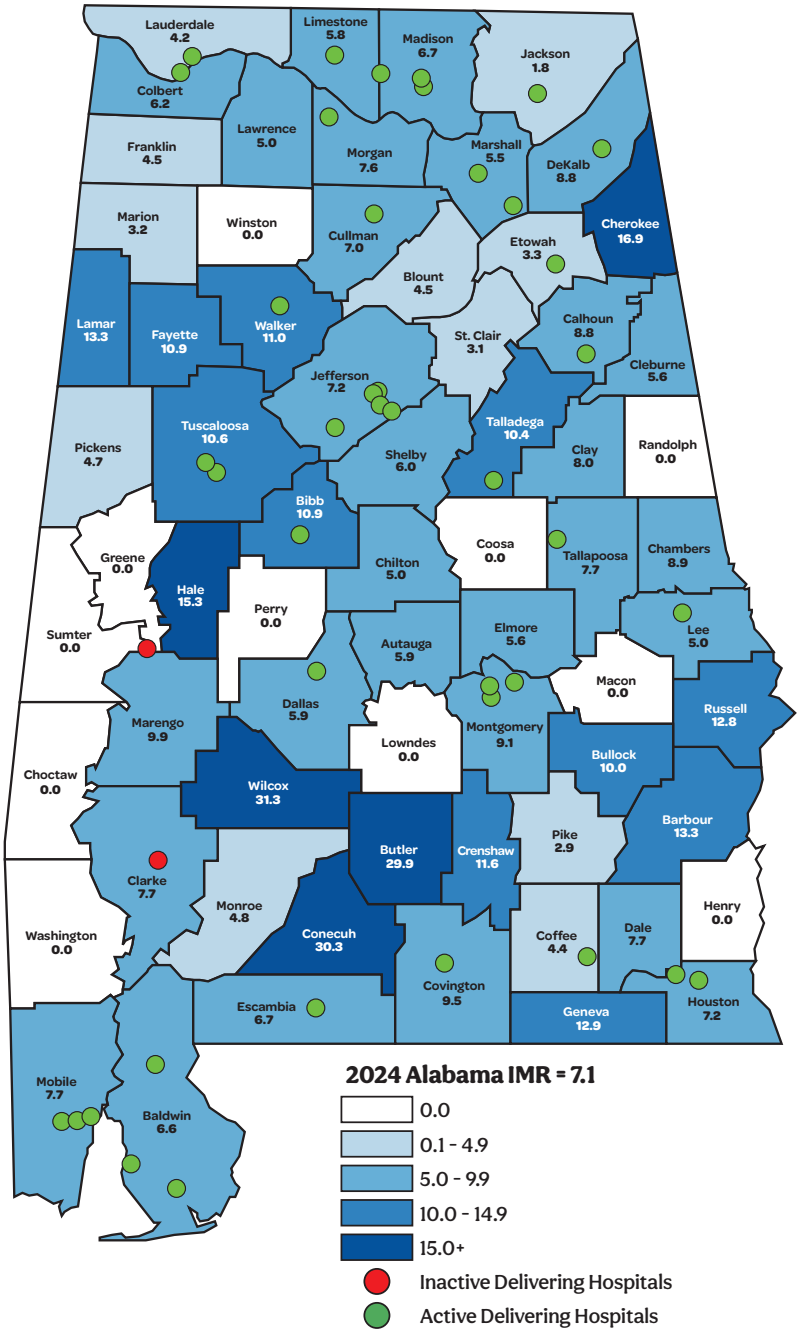
Introduction

The Alabama Department of Public Health (ADPH), Center for Health Statistics, Bureau of Family Health Services, State Perinatal Program, and Office of Maternal and Child Health compiled this annual report as required under §22-12A-6, Alabama Perinatal Health Act, (Acts 1980, No. 80 – 761, p. 1586, §1.). Highlights from Alabama's most recent 2024 infant mortality report are included in the sources[1].

Infant Mortality

Infant mortality is defined as the death of an infant before his or her first birthday. The infant mortality rate (IMR) is the number of infant deaths for every 1,000 live births. The IMR provides key information about both maternal and infant health and is an important marker of the overall health of a society. Map 1 depicts Alabama's IMR at the county level and the delivering hospital status in 2024. There were five counties whose IMR was 15.0 or higher.

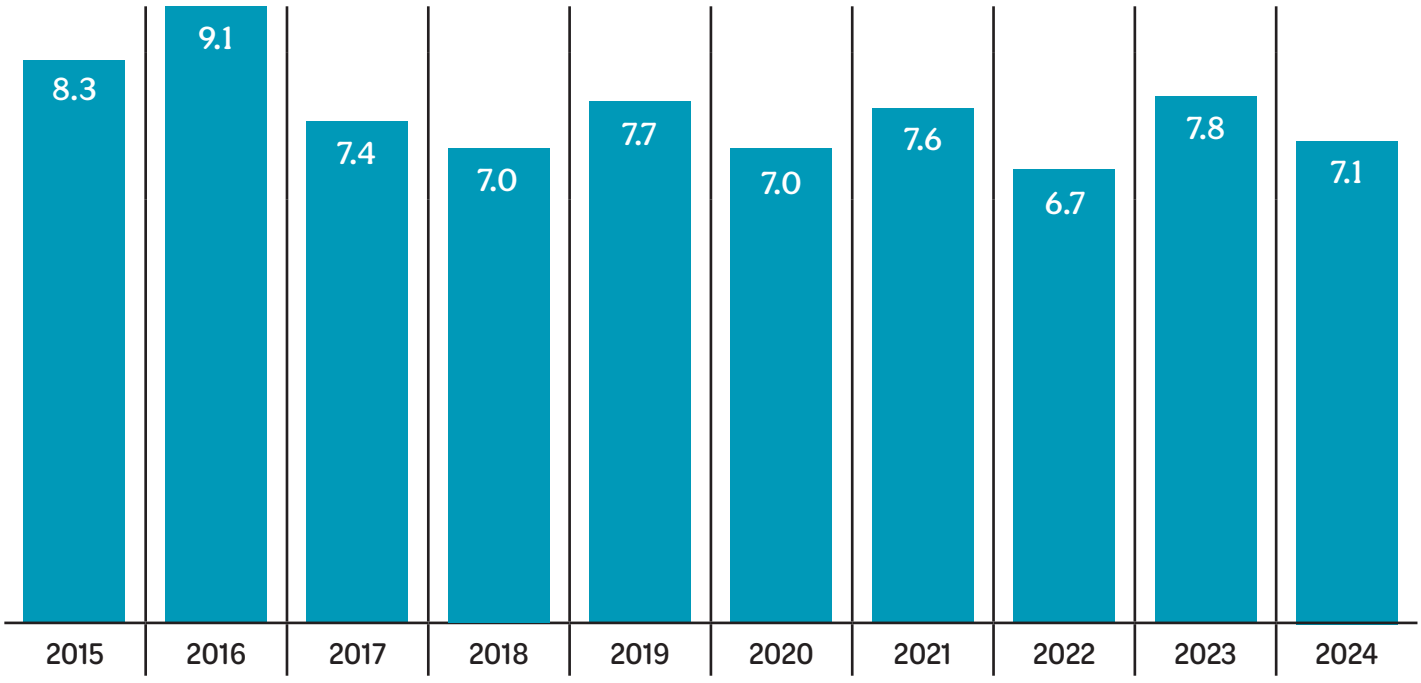
Map 1. Alabama County Infant Mortality Rates (IMRs) and Delivering Hospital Status, 2024



Source: Alabama Department of Public Health, Center for Health Statistics

At the statewide level, Figure 1 looks at the trends for the annual IMRs between 2015 and 2024. The 2024 IMR was 7.1 deaths per 1,000 live births, representing a decrease of 0.7 compared to 2023. A total of 414 infants died before reaching their first birthday in 2024, a decrease from 449 infant deaths in 2023.

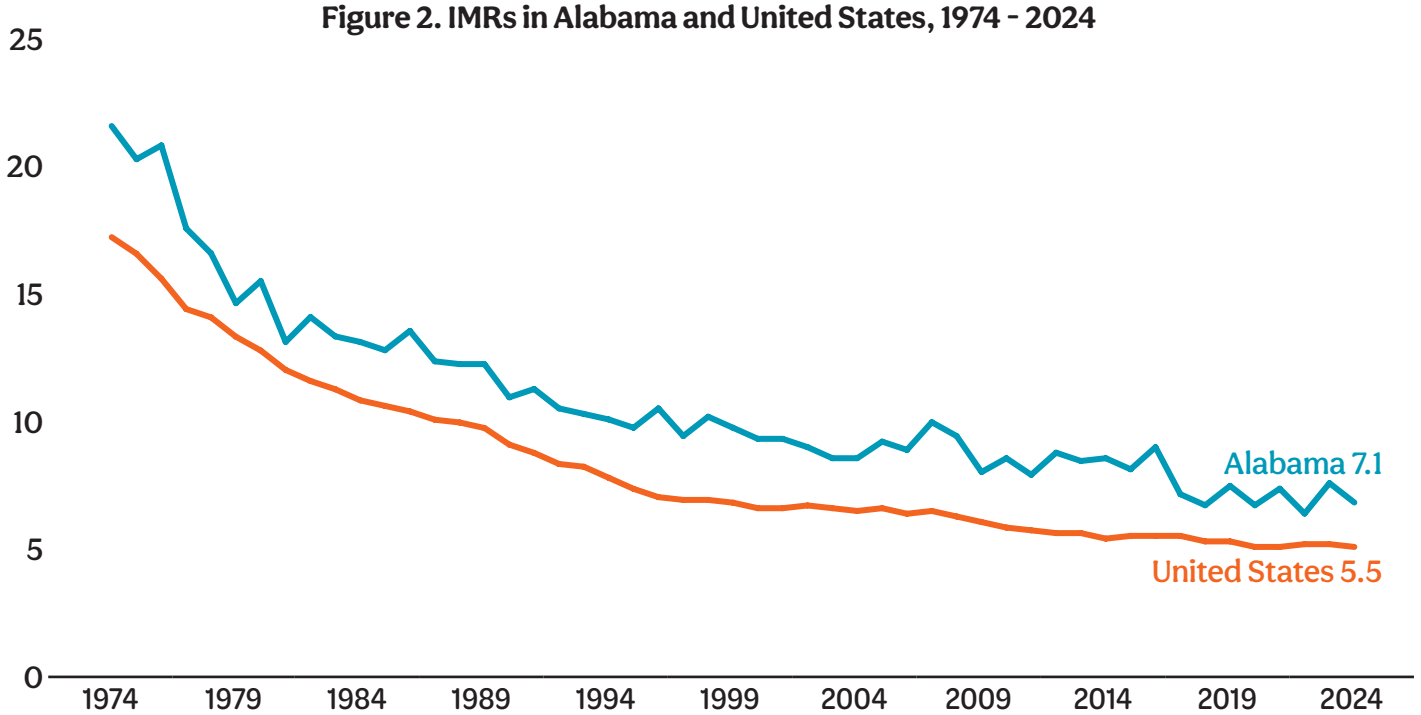
Figure 1: IMRs by Year, 2015 - 2024†



Source: Alabama Department of Public Health, Center for Health Statistics
†Infant mortality rate per 1,000 live births.

As shown in Figure 2, the Alabama annual IMR has been consistently higher than the United States IMR since 1974. For 2024, the state IMR rate of 7.1 deaths per 1,000 live births is higher than the national 2024 provisional rate of 5.5 deaths per 1,000 live births.

Figure 2. IMRs in Alabama and United States, 1974 - 2024



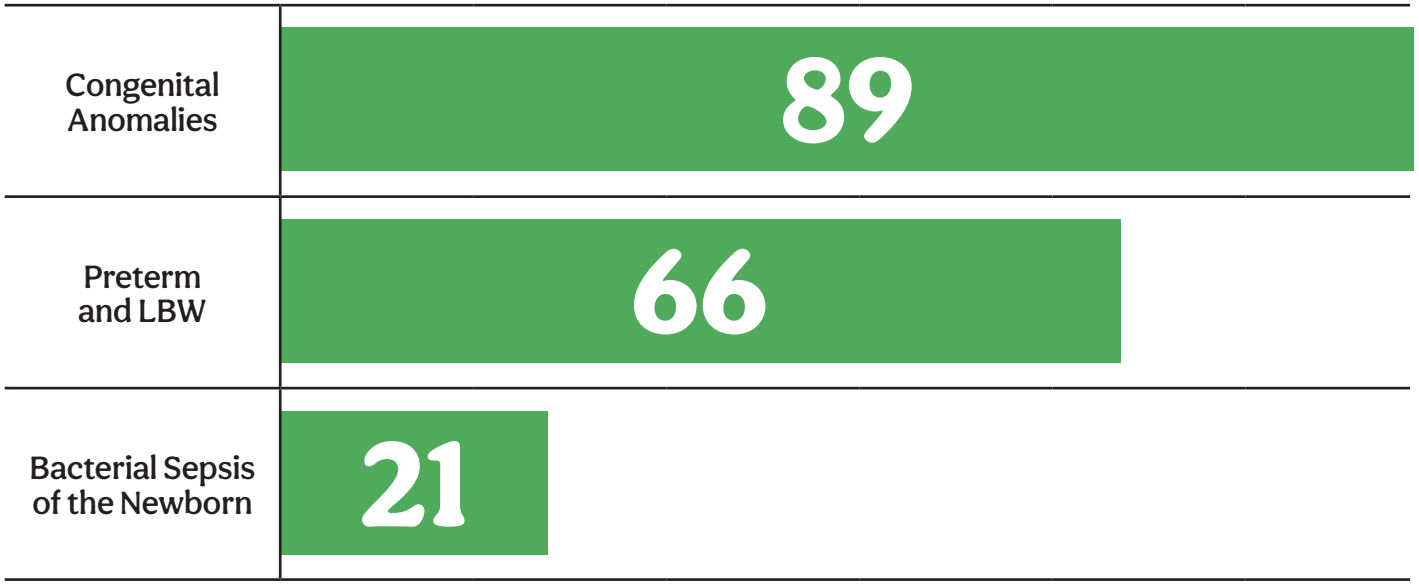
Source: Alabama Department of Public Health, Center for Health Statistics
†Infant mortality rate per 1,000 live births.
‡ 2024 national rate is provisonal.

Health outcomes are impacted by the health behaviors of each individual and conditions or policies impacting health, such as access to healthcare, adequate housing, economic stability, quality education, and transportation. Thus, addressing factors that contribute to health outcomes will improve individual and population health and will also advance system level changes within the state. Resources that enhance quality of life can have a significant influence on population health[2].

The ADPH aims to identify and address any health equity barriers, such as high cost of care, inadequate insurance coverage, lack of person-centered care, and unavailability of services in a community. Removing barriers is crucial to reducing poor birth outcomes for mothers and babies and for building a healthier Alabama. Alabama remains committed to improving birth outcomes for women, infants, and families statewide. This 2024 report provides an overview of infant mortality statistics and describes some of the current collaborating strategies to address them.

As shown in Figure 3, the three leading causes of infant mortality are congenital anomalies, preterm and low birth weight (LBW), and bacterial sepsis of the newborn. The three leading causes accounted for 42.5 percent (n=176/414) of all infant deaths. Racial differences were observed for the top two leading causes of infant death. Close to 75 percent (74.1 percent; n=66/89) of those who died from congenital malformations, deformations, and abnormalities were white. Approximately 65.2 percent (n=43/66) of those who died from disorders related to short gestation and LBW were black and other.

Figure 3. Three Leading Causes of Infant Mortality, 2024[†]



Source: Alabama Department of Public Health, Center for Health Statistics
[†]The number of infants who died from these causes.

Leading Causes of Death Overview

1. Congenital Anomalies

Congenital anomalies, also known as birth defects, were the leading cause of infant mortality in 2024. Birth defects are common and costly. Annually, about 1 in every 33 babies are born in the United States with a birth defect[3]. Birth defects can occur at any stage of pregnancy. However, most occur within the first 3 months of pregnancy when major organs of the baby are forming. The cause is known for some birth defects but for many the cause is unknown. Not all birth defects are preventable. There are steps that can be taken to increase the chances of having a healthy baby:

- Plan ahead, take folic acid daily, and see a healthcare provider regularly.
- Avoid harmful substances: alcohol, smoking, marijuana, and other drugs.
- Choose a healthy lifestyle.
- Talk to your healthcare providers about any medications (prescription and over the counter), family history, and vaccinations.

2. Preterm and LBW

Preterm and LBW were the second leading cause of infant mortality in 2024. Preterm births are infants that are born before 37 weeks of pregnancy have been completed[4]. LBW births are defined as infants weighing less than 5 pounds, 8 ounces at delivery[5]. Preterm births comprised 12.7 percent (n=7,352/57,909) and LBW 10.2 percent (n=5,875/57,909) of the births in 2024. They accounted for approximately 15.9 percent (n=66/414) of all infant deaths in 2024.

3. Bacterial Sepsis of the Newborn

Bacterial sepsis of the newborn is a life-threatening infection that occurs in newborns younger than 28 days old. Bacterial sepsis was the third leading cause of infant mortality in 2024, at 5.1 percent (n=21/414) among the total deaths. The risk of bacterial sepsis is higher among premature or low birth weight deliveries.

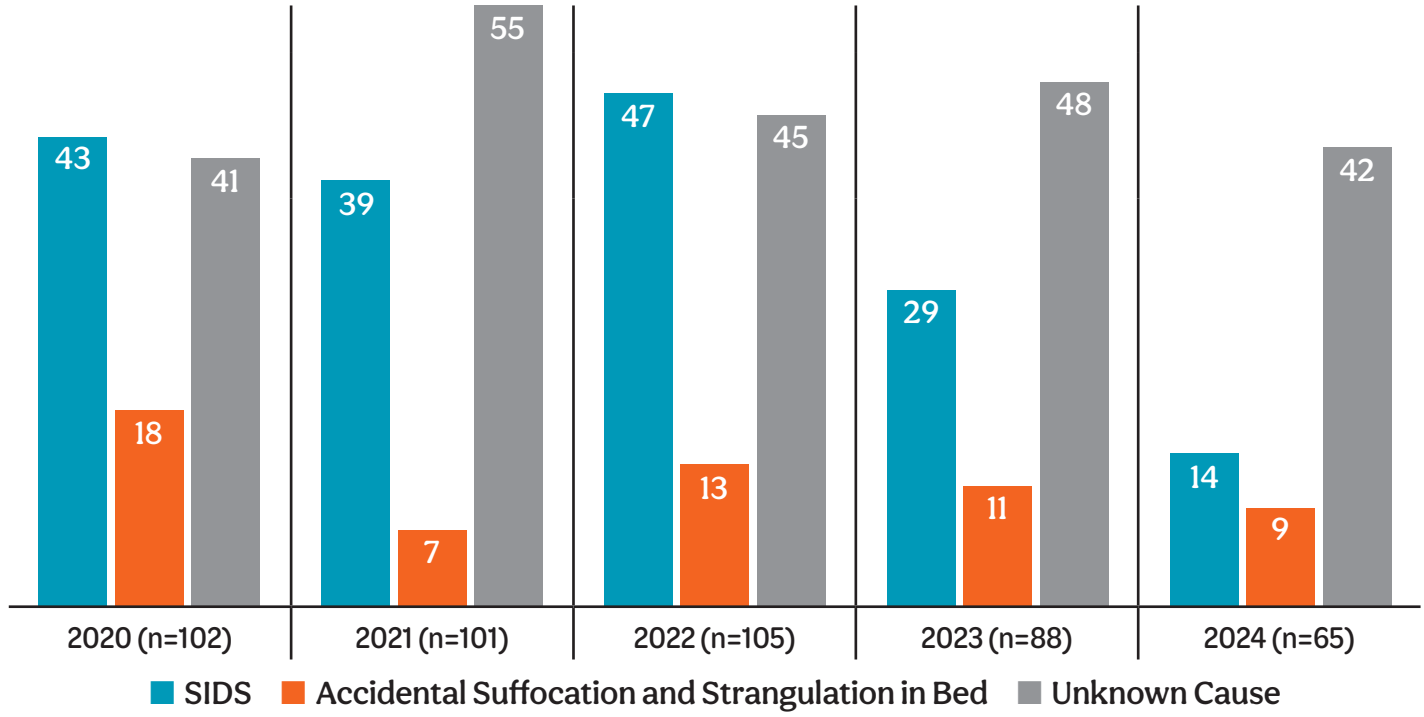
What is Sudden Unexpected Infant Death (SUID)?

SUID is defined as the death of an infant less than 1 year of age who suddenly or unexpectedly dies, including sudden infant death syndrome (SIDS), accidental suffocation/strangulation in bed, and deaths from unknown causes. These deaths often occur during sleep or in the infant's sleep area.[6] SUID decreased from 19.6 percent (n=88/449) in 2023 to 15.7 percent (n=65/414) in 2024. The ADPH continues to address SUID through safe sleep education, training of medical personnel and community workers, and distributing cribs to families without a safe sleep environment.

As shown in Figure 4, 65 infant deaths were attributed to SUID during 2024. In 2024, the three commonly reported types of SUID in Alabama include:

- Unknown cause (n=42)
- SIDS (n=14)
- Accidental suffocation and strangulation in bed (n=9)

Figure 4: Number of SUIDs in Alabama, 2020 - 2024



Source: Alabama Department of Public Health, Center for Health Statistics

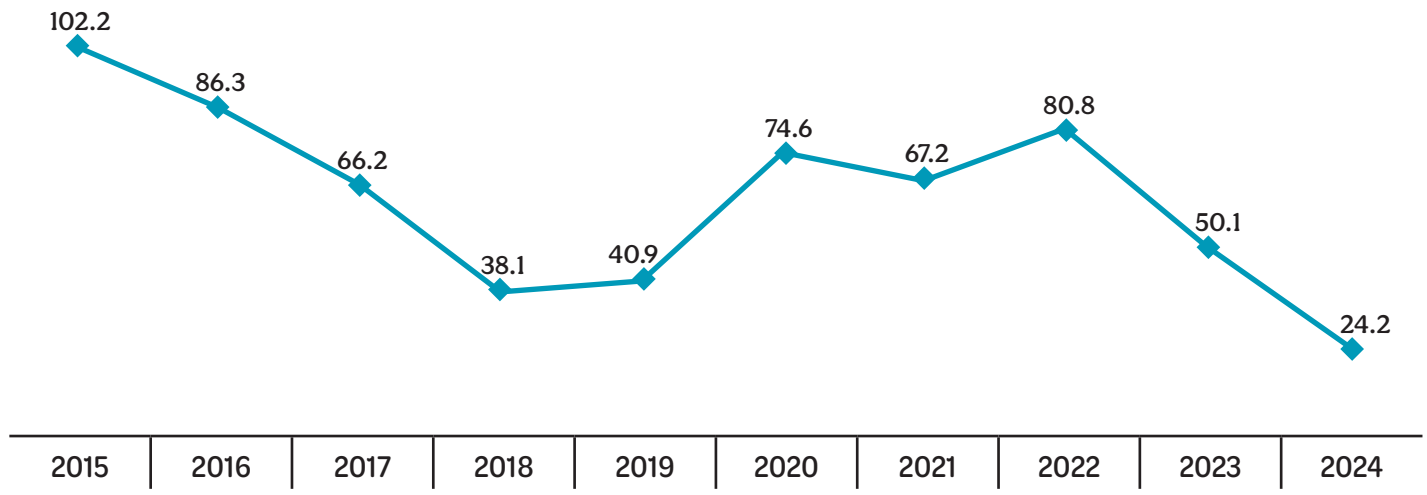
SIDS Overview

Although SIDS has consistently been within the top three leading causes of death for infants from 2015 to 2023, it dropped to the fifth leading cause of infant deaths in 2024.

SIDS is defined as the sudden unexplained death of an infant less than 1 year of age that does not have a known cause after a complete investigation, including an autopsy, examination of the death scene, and medical review of the clinical history. SIDS is sometimes called "crib death" because of its association with the time when the infant was sleeping. SIDS deaths can occur anytime during the first year of life. Between 2020 and 2024, close to 90 percent (89.0 percent; n=153/172) of SIDS deaths occurred before an infant reached 6 months of age. Of these SIDS deaths, 69.2 percent (n=119/172) were among infants between 1 month and 4 months of age.

As shown in Figure 5, the annual SIDS rates were fluctuating across a 10-year time frame. The annual statewide SIDS rate went from 102.2 deaths per 100,000 live births in 2015 to 24.2 per 100,000 live births in 2024.

Figure 5: SIDS Rates by Year, 2015 - 2024



Source: Alabama Department of Public Health, Center for Health Statistics
† SIDS rate per 100,000 live births.

Statewide Safe Sleep Initiatives

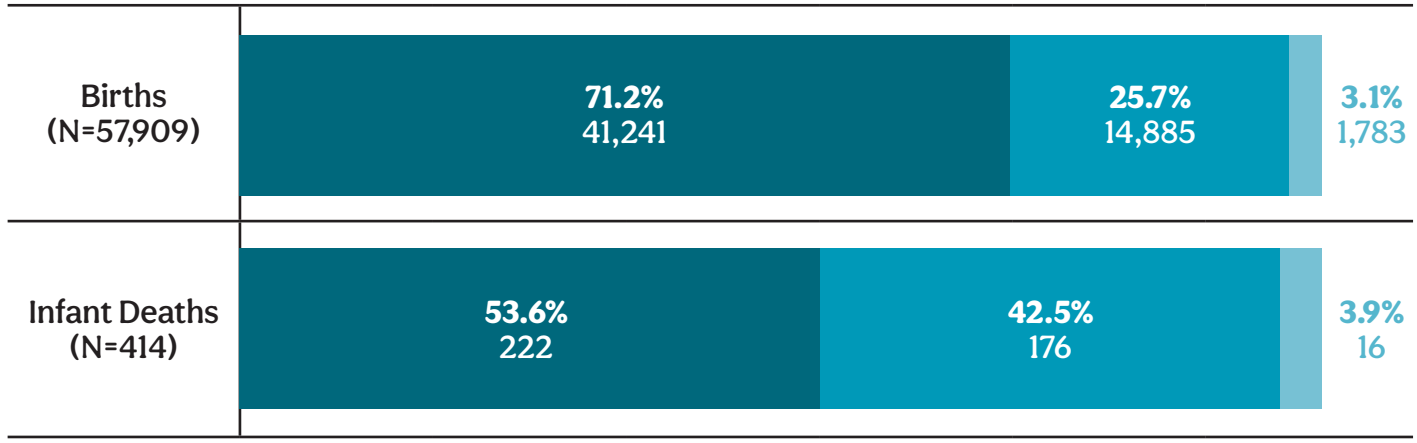
To reduce SUID and promote safe sleep practices, Alabama implemented several statewide initiatives:

- Provided 1,450 Pack-n-Plays during FY 2024 through the AL-FIMR in partnership with the National Cribs for Kids® Program.
- Participated in Babypalooza Community Outreach Events being held in Huntsville, Birmingham, and Mobile.
- Placed billboards statewide to increase public awareness on the ABCs of safe sleep, as well as how an infection during pregnancy can significantly increase the risk of giving birth prematurely.
- Completed community baby showers across the perinatal regions to emphasize the importance of safe sleep.
- Collaborated with the majority of Alabama's delivering hospitals (88 percent; n=37/42) to distribute safe sleep baby books.
- Collaborated with high schools, colleges, and hospitals to promote the Clear the Crib Challenge, which emphasizes the importance of a safe sleep environment.

Racial Disparities

Racial disparities continue to persist in 2024. Based on the mother's race, Figure 6 looks at the racial breakdown among live births and infant deaths. In 2024, 71.2 percent (n=41,241/57,909) of the live births were white, while 28.8 percent (n=16,668/57,909) were either black or other race.

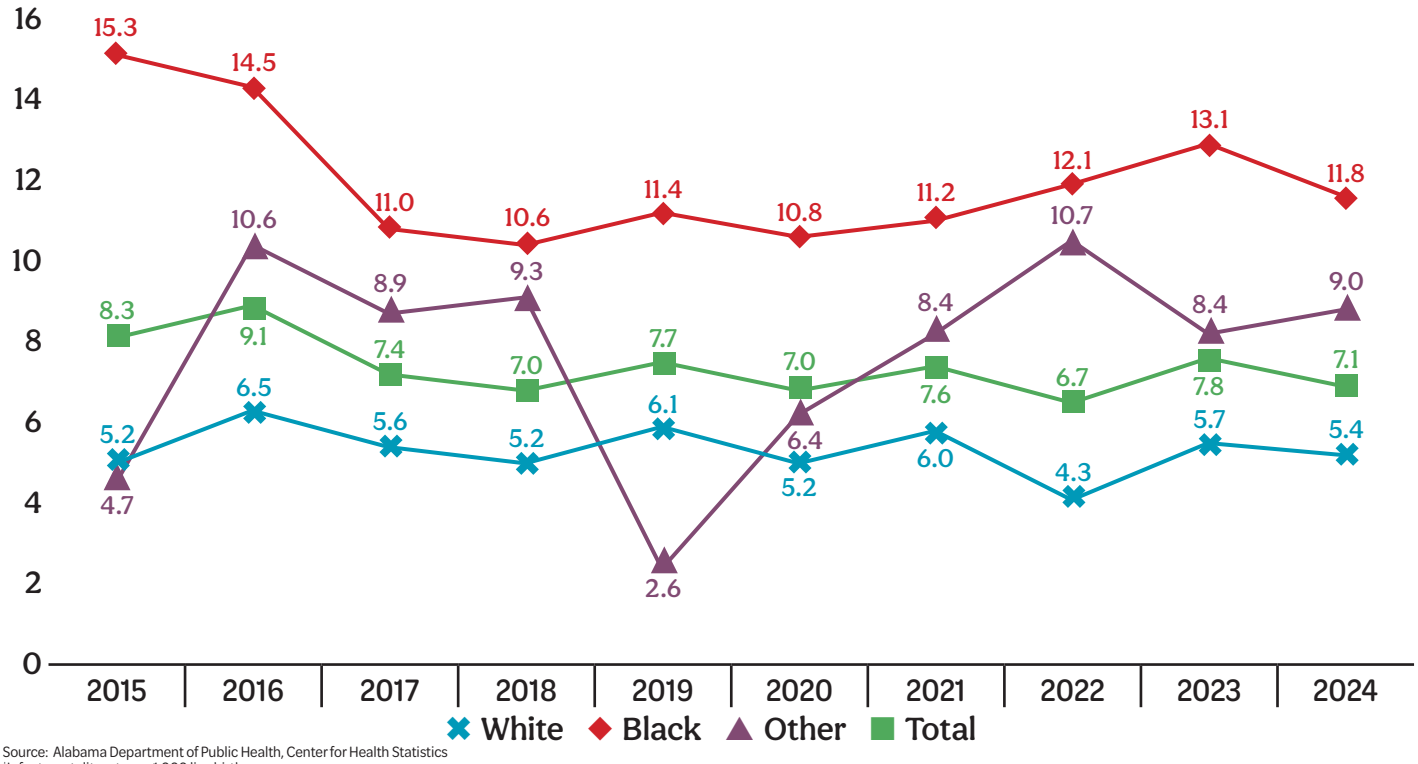
Figure 6: Percentage and Total Number of Births and Deaths by Race in 2024



Source: Alabama Department of Public Health, Center for Health Statistics

In Figure 7, a trend analysis looked at 2015-2024 IMRs among these racial groups. During 2024, black infants died at a rate of 11.8 infant deaths per 1,000 live births, while deaths among other infants and white infants occurred at rates of 9.0 infant deaths and 5.4 infant deaths per 1,000 live births, respectively. Thus, the IMRs for black infants are significantly higher than for white infants. Incorporating evidence-based efforts will help address factors impacting health outcomes, such as access to healthcare, geographical disparities between rural and urban communities, lack of quality education, poverty, and unemployment.

Figure 7: IMRs by Race, 2015 - 2024†



Source: Alabama Department of Public Health, Center for Health Statistics
†Infant mortality rate per 1,000 live births.

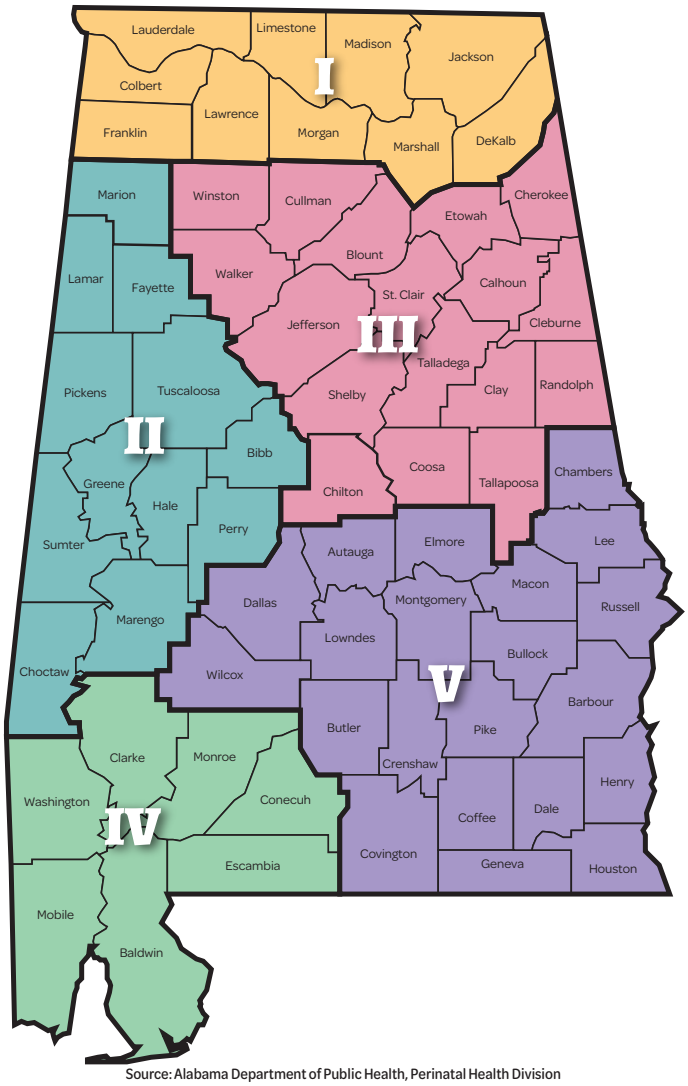
Alabama Fetal and Infant Mortality Review (AL-FIMR) Program

The AL-FIMR Program was established to identify critical community strengths and weaknesses as well as unique health and social issues associated with poor outcomes of pregnancy. The program is a community-based statewide initiative designed to enhance the health and well-being of women, infants, and families through the review of unidentified cases of fetal (stillbirth) and infant deaths and voluntary maternal interviews.

The AL-FIMR Program consists of Perinatal Nurses based at the largest delivering hospitals in five regions across the state. All Alabama counties are represented in one of the five regions. In addition to completing a review of cases of fetal and infant deaths, the Perinatal Nurses present the findings of their reviews to a multidisciplinary team consisting of a broad range of professional organizations and public and private agencies that provide services and resources for women, infants, and families. The team reviews case summaries, identifies issues, and makes recommendations for community change.

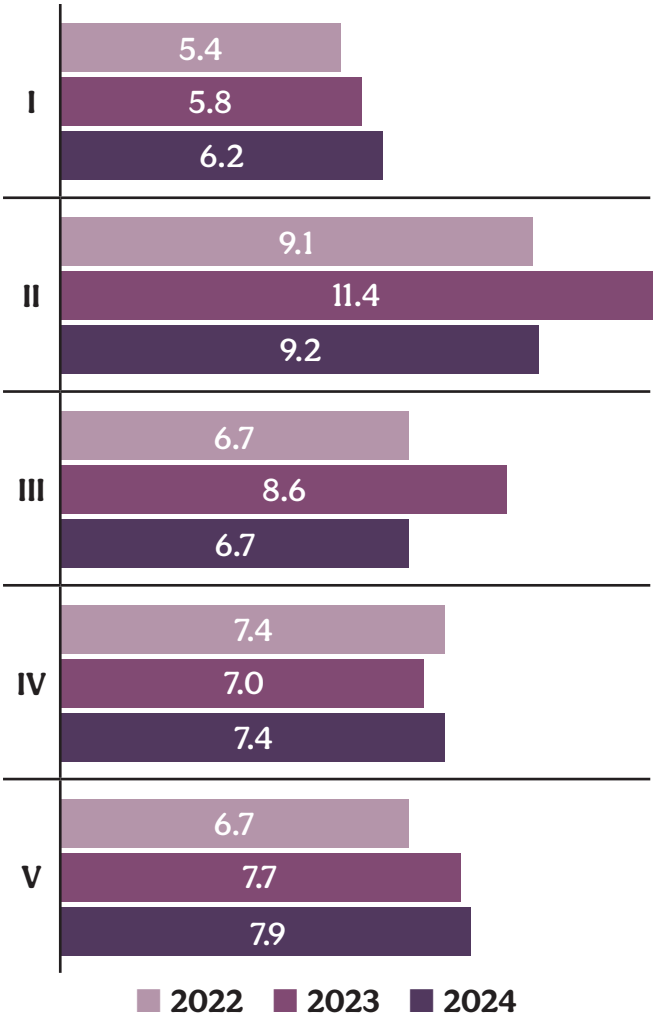
As shown in Map 2, the regionalization of the AL-FIMR Program provides an opportunity to create solutions from identified needs at the local level to reduce infant mortality and improve the health of Alabama families. In Figure 8, Region II continues to have the highest annual IMRs from 2022-2024. Contributing factors include lack of access to care in rural counties, poverty, limited transportation, and poor nutrition. The leading causes of death for Region II differ slightly from the statewide causes of death, with disorders related to short gestation and LBW being the top leading cause of death.

Map 2. Alabama by Perinatal Regions



Source: Alabama Department of Public Health, Perinatal Health Division

Figure 8. IMRs by Perinatal Regions in Alabama, 2022 - 2024



2026 Plans to Reduce Infant Mortality in Alabama

- Continue the AL-FIMR Program to abstract and review 100 percent of infant deaths statewide and collaborate with community partners within each perinatal region to address causes of infant deaths.
- Continue Maternal Mortality Review in Alabama to abstract and review maternal deaths that occur during pregnancy or within 1 year of the end of pregnancy regardless of the outcome, and present case reviews to the Maternal Mortality Review Committee to develop recommendations to prevent future maternal deaths.
- Increase the percentage of autopsies performed on maternal deaths through the Maternal Autopsy Program.
- Continue to promote the Alabama Cribs for Kids® Program to ensure all infants under age 1 have a safe sleep environment to reduce the risk of SUID deaths.
- Educate and raise awareness, through community partnerships, of health inequities and disparities and their impact on health outcomes within the state.
- Through partnerships with state agencies and community partners, develop initiatives to increase access to prenatal care in rural areas.
- Continue the Well Woman Program so that women of childbearing age receive preconception and interconception health to address chronic health conditions before and between pregnancies.
- Increase utilization of the Screening, Brief Intervention, and Referral to Treatment tool to identify and refer women at risk for alcohol, substance abuse, domestic violence, and post-partum depression for treatment and services.
- Promote safe sleep practices through education and partnerships that involve both parents and grandparents.
- Provide education to women and families on the benefits of breastfeeding for both mom and baby.
- Promote and improve the system of perinatal regionalization, which is designed to ensure women have access to hospitals equipped to provide the most appropriate level of care for their pregnancy needs.

Sources

[1] Alabama Department of Public Health, Center for Health Statistics: Infant Mortality Alabama 2024, https://www.alabamapublichealth.gov/healthstats/assets/infantmortality2024.pdf.

[2] Centers for Disease Control and Prevention: Social Determinants of Health: Know What Affects Health, https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html.

[3] Centers for Disease Control and Prevention: What are Birth Defects, https://www.cdc.gov/environmental-health-tracking/php/data-research/birth-defects.html.

[4] Centers for Disease Control and Prevention: Preterm Birth, https://www.cdc.gov/maternal-infant-health/preterm-birth/index.html.

[5] Centers for Disease Control and Prevention: Low Birthweight, https://www.cdc.gov/nchs/state-stats/births/low-birthweight.html.

[6] Centers for Disease Control and Prevention: About SUID and SIDS, https://www.cdc.gov/sudden-infant-death/about/index.html.

Acknowledgements

The State Perinatal Program acknowledges the families touched by infant death in Alabama. Special acknowledgment is extended to staff of the Perinatal Health Division, Regional Perinatal Advisory Committees, and State Perinatal Advisory Committee, whose participation and cooperation help make this publication possible.