



# Forsyth County Infant Mortality Reduction Coalition

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

North Carolina State Center for Health Statistics, 2011 (2010 data)

Rates are based upon deaths per 1,000 live births

# 2011 Fact Sheet

### Forsyth County

- Total infant mortality rate: **7.7** • White rate: **5.3** • African American rate: **17.1** • Hispanic rate: **1.8**
- Infant mortality rate trends: **11.4** (2006), **11.1** (2007), **12.0** (2008), **9.9** (2009), **7.7** (2010)
- Infant mortality five-year average rate 2006-2010: **10.5**
- Forsyth County had the second highest overall infant mortality rate of the five **most populated** NC counties in 2010.
- Infant mortality rates swing up or down from year to year, however, Forsyth County continues to have a persistent **inequity in birth outcomes**. In 2010, African American infants in Forsyth County died at a rate of over three (**3.2**) times that of white infants.

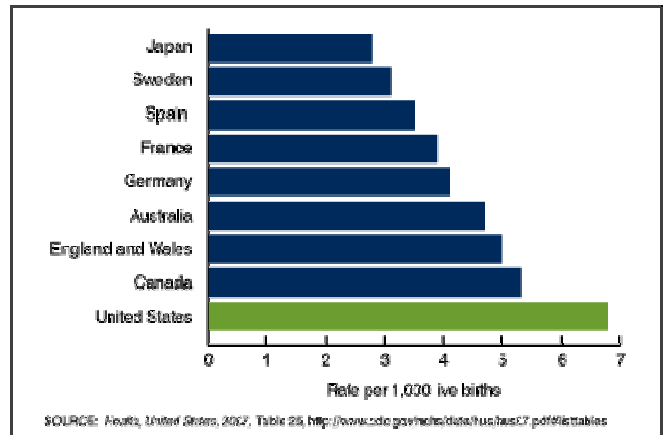
### North Carolina

- Total infant mortality rate: **7.0** • White rate: **5.3** • African American rate: **12.7**  
• Hispanic rate: **5.0** • Other rate: **5.0**
- Total infant mortality fell from a rate of 7.9 in 2009 to 7.7 in 2010, an **11.4** percent drop. The minority infant mortality rate fell from 13.5 to 12.7, a **19.6** percent drop over the previous year.
- **North Carolina rank 44<sup>th</sup> 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 **29<sup>th</sup>** in the world in infant mortality, tied with Poland and Slovakia (2004 - Centers for Disease Control and Prevention, 2008)

Figure 2. Infant mortality rates: Selected countries, 2004



## *Why are our babies dying?*

*In North Carolina, the leading causes of infant deaths in 2010 were:*

1. Prematurity and low birth weight: **20.8** percent (birth before 37 weeks gestation or birthweight less than 5½ pounds):
2. Birth defects: **20.3** percent
3. Sudden Infant Death Syndrome (SIDS): **6.2** percent

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](http://www.HelpOurBabies.org)

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# *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, PRAMS 2006-2008).
- Secondhand smoke hurts a developing baby and causes health problems in infants.
- **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**

- Three types of stressors that may contribute to preterm birth and low birth weight babies. Women under stress produce corticotropin-releasing hormone (CRH), which prompts the body to release chemicals that trigger contractions (March of Dimes, 2010)
  1. **Stress related to pregnancy** – examples include pregnancy-related discomfort, concerns over the health of the baby or how the labor and delivery will go, and added financial burdens (March of Dimes 2010).
  2. **Chronic stress** lasts over long periods of time and often exist before a woman even becomes pregnant. Examples include difficulty obtaining food, caring for a child with chronic illness, being unemployed, living in poverty, or interpersonal violence (March of Dimes 2010).
  3. **Racism** –African-American women experience chronic stress from racism throughout their lifetime. This helps to explain why African-American women are more likely to deliver premature and low birth weight babies than women of other racial/ethnic groups (March of Dimes 2010)

## **Infections**

- A wide variety of infections in 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 (UTI) including bacterial vaginosis (BV) and sexually transmitted infections (STI) may have the highest risk of premature delivery.
- Periodontal disease and other infections in the mouth may have an impact on premature delivery.

## **Alcohol or Other Drug Use**

- 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 over their entire lifespan 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** – Women need to be healthy across their lifespan in order for moms and babies to be healthy and thrive
- **Unplanned pregnancy** – 45% of pregnancies among NC women ages 18-44 were unintended (NC PRAMS Fact Sheet March 2009).
- **Psychological factors** such as depression and low levels of social support
- Racism
- Birth Defects
- Poor Nutrition
- Domestic violence
- Teen pregnancy
- Single parenthood
- Poverty
- HIV/AIDS and STI's
- No prenatal care

*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.*