



Infant Mortality in Indiana – Fact Sheet

Infant Mortality is defined as the death of an infant within the first year of life [1].

- Indiana ranked is ranked 45th in the nation for infant mortality [2].
- In 2012, 556 of the 83,250 babies born in Indiana died before their first birthday; of which, 26% were Black (146) and 10% were Hispanic (57). Sixteen percent of Indiana population is Black or Hispanic, but these groups bear a greater burden of infant mortality (36%) [3].

The infant mortality rate is based on the number of infant deaths per 1,000 live births [1]. The Indiana infant mortality rate (6.7) is higher than the national rate (6.1) [4] and the Healthy People 2020 target (6.0) [5].

- The infant mortality rate among Blacks is 2.6 times higher than Whites (14.5 vs. 5.5) and 1.3 times higher for Hispanics compared to Whites (7.2 vs. 5.5) [3].

Trends: Disparities in infant mortality rates among minorities in Indiana have persisted over the years [3].

- The infant mortality rate for Blacks has been consistently more than two times higher than Whites.
- The infant mortality rate for Hispanics has been be higher or similar to the rate for Whites.

Leading causes of infant deaths vary by race and ethnicity [3].

- Black infants die from preterm and low birth weight; followed by birth defects, accidents, Sudden Infant Death Syndrome (SIDS) and maternal pregnancy complications.
- Hispanic infants die from birth defects; followed by preterm and low birth weight, accidents, newborn complications and bacterial blood infection.
- White infants die from birth defects, preterm and low birth weight, SIDS, maternal pregnancy complications and accidents.

Regional impact of infant mortality for selected Indiana counties

- Infant mortality was higher in Lake (9.8), Marion (7.5), St. Joseph (7.7) and Elkhart (7.2) compared to Indiana (6.7) [2]
- Low birth weight was higher in Marion (9.2%), Allen (8.9%) and Lake (8.5%) compared to Indiana (7.9%) [6].
- Preterm births were higher in Marion (10.8%), Lake (8.5%) and Allen (49.4%) compared to Indiana (9.6%) [6].
- Prenatal care in the first trimester of pregnancy was lower in Allen (49.4%), Elkhart (59.8%), Marion (64.1%) and St. Joseph (64.8%) compared to Indiana (67.4%) [6].



- Breastfeeding at hospital discharge was lower in Lake (67.5%) and Marion (76.5%) compared to Indiana (77.3%) [6].
- Medicaid coverage was higher in Marion (57.9%), Elkhart (52.9%), Lake (52.6%) and St. Joseph (51.8%) compared to Indiana (44.1%) [6].
- Unmarried parents was higher in (54.3%), Lake (53.5%) and St. Joseph (48.7%) compared to Indiana (43.3%) [6].

Factors that impact infant mortality

- *Tobacco use during pregnancy* - Women who use tobacco during pregnancy are more likely to have a preterm birth. Tobacco use also increases the risk of Sudden Infant Death Syndrome [1].
- *Obesity* - Studies reveal that women who are obese are at a higher risk for preterm birth and infant death [7].
- *Previous premature birth* - A history of a preterm birth increases the risk of another preterm birth [1].
- *Inadequate prenatal care* – prenatal care should begin in the first trimester [3].
- *Unsafe sleep* – sleeping on belly, bed-sharing, cribs with soft mattress, loose bedding or padding [8].
- *Elective delivery before 39 weeks* – increase the risk of poor birth outcomes and death [9].

Birth Outcomes: In Indiana, a larger portion Black infants experience poor birth outcomes compared to Hispanics and Whites with the exception of mothers smoking during pregnancy [6].

- Low birth weight was higher among Blacks (12.5%) compared to Hispanics (7.9%) and Whites (7.3%).
- Very low birth weight was higher among Blacks (2.7%) compared to Hispanics (1.5%) and Whites (1.3%).
- Preterm births was higher among Blacks (13.3%) and Hispanics (10.2%) compared to Whites (9.1%).
- Prenatal care in the first trimester of pregnancy was lower among Blacks (57.4%) and Hispanics (59.8%) compared to White women (70.7%). This falls short of the Healthy People 2020 target of 77.8% [5].
- Breastfeeding at hospital discharge was lower for Blacks (61.1%) compared to Hispanics (81.7%) and Whites (77.2%). This is well below the Healthy People 2020 target of 81.9% [5].
- Medicaid coverage was higher among Blacks (75.3%) and Hispanics (68.2%) compared to Whites (39.3%).
- Birth to teenage mothers was higher among Blacks (14.3%) compared to Hispanics (11.4%) and Whites (8.2%).
- Unmarried parents was higher among Blacks (79.4%) compared to Hispanics (50.7%) and Whites (38.1%).

Breastfeeding: The American Academy of Pediatrics recommends that babies are fed entirely on breast milk for the first 6 months and breastfeeding should continue for a total of 12 months [8].

- In Indiana, only 63.6% of babies were ever breastfed, which is lower than the national rate of 76.5% [10].
- Thirty-eight percent of Indiana babies were still breastfed at 6 months, which is lower than the US (49%) [10].
- Only 17% are breastfed for 12 months, which is lower than the US (27%) [10].

Post-partum care

- In the U.S., a smaller portion of women covered by Medicaid (63.0%) were seen for the recommended postpartum care (21 to 56 days after delivery) compared to women covered by commercial insurance (80.1% covered by HMO and 70.0% covered by PPO [11].

Promote preconception health and inter-conception health of women 15 to 44 years of age before pregnancy.

- Health areas focus on healthy weight, healthy behaviors, regular physical activity, and healthy nutrition including adequate folic acid. Inter-conception care is provided between pregnancies to reduce risks of poor birth outcomes [1].

What is Indiana doing to reduce infant mortality? Indiana has made infant mortality reduction a top health priority [12].



- The Indiana State Department of Health (ISDH) assembled stakeholders to participate in the Indiana Perinatal Quality Improvement Collaborative (IPQIC) to focus on systems development, education, data, quality improvement, finance, and Neonatal Abstinence Syndrome (NAS) Task Force [10].
- Indiana Infant Mortality Summit was hosted by the ISDH and partners in 2013 and 2014
 - 2013 summit provided an overview of infant mortality in Indiana; an example of Texas infant mortality reduction; perinatal mortality; impact of health care reform; impact of smoking; reduction of elective birth before 39 weeks; and health disparities.
 - 2014 summit presented information on Nurse Family Partnership; quality of care and delivery of care models; as well as, Indiana programs and initiatives to reduce infant mortality.
- Indiana's plan to reduce infant mortality include [9]
 - Promote healthy women and babies through good nutrition, obesity reduction and prenatal care
 - Reduce tobacco use among pregnant women
 - Promote safe sleeping practices
 - Reduce elective deliveries before 39 weeks
 - Promote breastfeeding
 - Care for high risk pregnancies at healthcare facilities prepared to provide the needed level of care

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