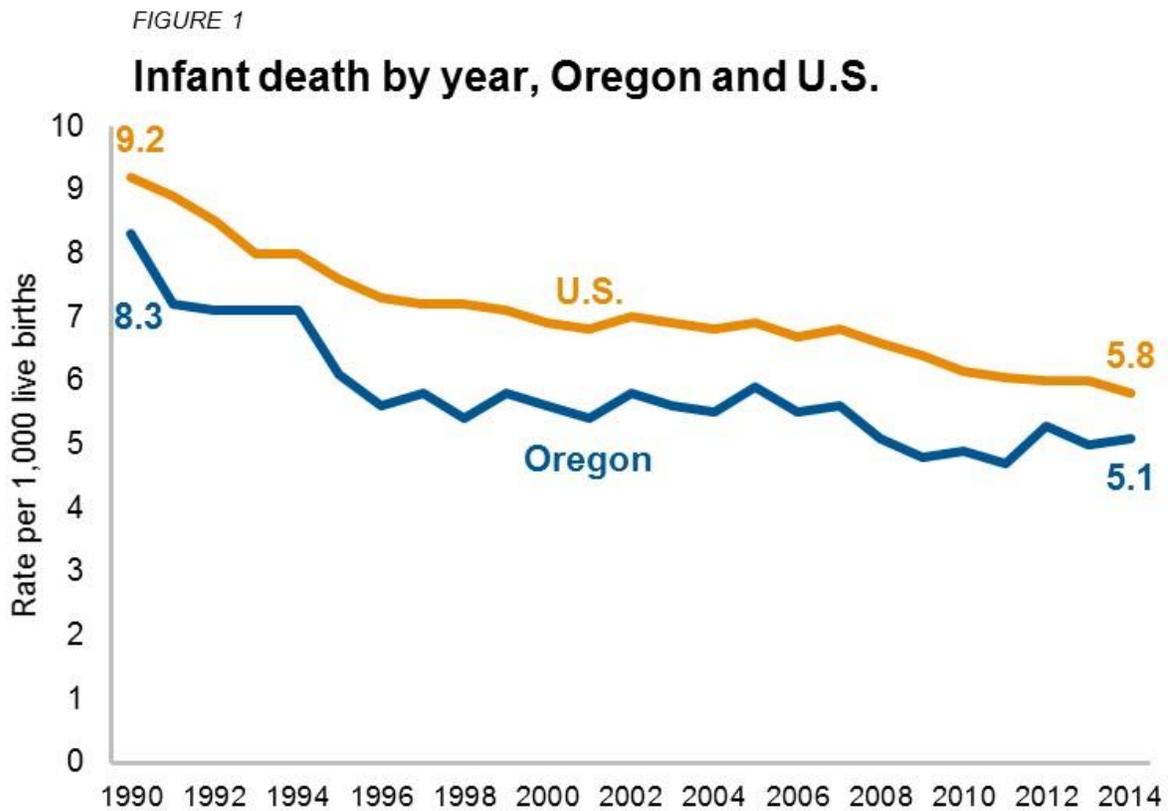


## Maternal and Child Health

# Infant mortality

Infant mortality (the death of an infant during its first year) has dramatically declined over the past 60 years in the U.S. This decline is largely due to medical advances and hospital care of premature infants. Nationally, the leading causes of infant death are birth defects, prematurity/low birth weight, and sudden infant death syndrome (SIDS). In Oregon in 2014, 5.1 infants died per 1,000 live births among Oregon residents, down from 1990 when 8.3 infants died per 1,000 live births (Figure 1).



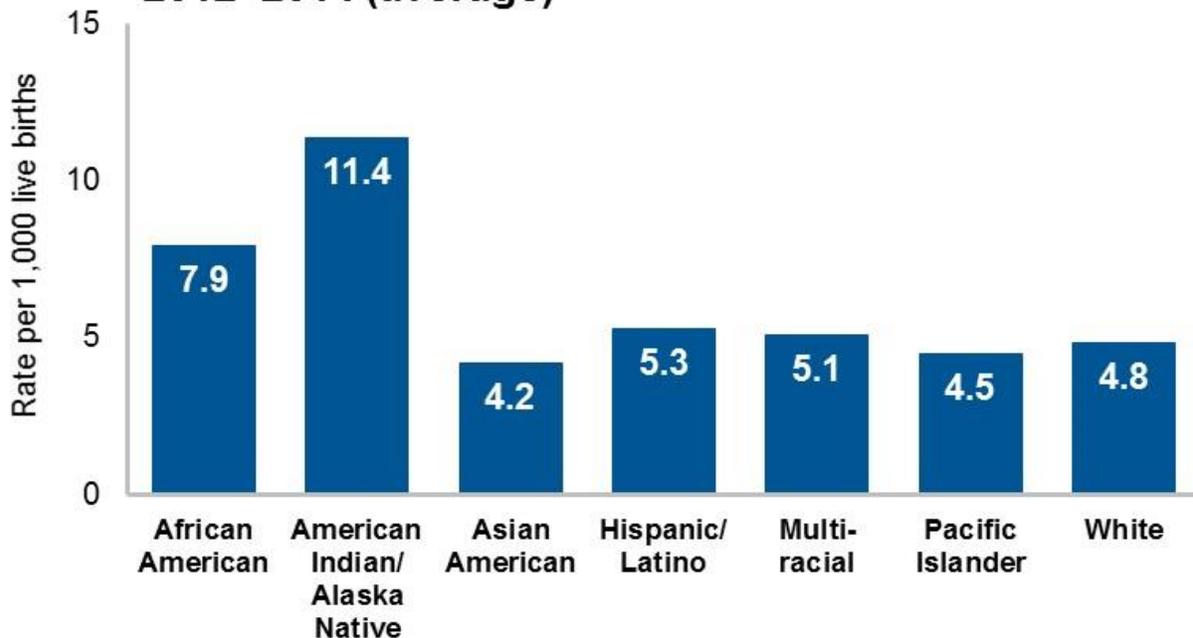
Source: Oregon Linked Birth/Death Certificate Data & NCHS (U.S.)

Oregon’s infant death rate has been lower than the U.S. for more than 20 years but racial and ethnic disparities persist. On average from 2012 to 2014, the infant death rate was highest among American Indian/Alaska Natives (11.4 per 1,000) and African Americans (7.9 per 1,000; Figure 2). Studies have found that, although

interventions to reduce some causes of infant death, such as Sudden and Unexplained Infant Death Syndrome, have been successful in this population, other factors are involved, including access to care. One example would be access to high-level care for premature infants: culturally appropriate interventions are needed to assure that all high-risk American Indian/Alaska Native pregnancies are identified early and delivered in appropriate health care settings.<sup>1</sup>

FIGURE 2

**Infant death by race/ethnicity, Oregon, 2012–2014 (average)**



Notes: All other groups exclude Hispanic ethnicity

Source: Oregon Linked Birth/Death Certificate Data & NCHS (U.S.)

Oregon’s Public Health Division is working with the National Institute for Children’s Health’s Collaborative Improvement and Innovation Network to Reduce Infant Mortality (IM CoIIN) to focus on strategies to reduce infant mortality. These include the strategic areas of safe sleep practices, smoking cessation in mothers, preconception and interconception care for women, prevention of preterm births, increasing the use of higher-level health facilities for deliveries in high-risk pregnancies, and improvement in social determinants of health and equity to impact pregnancy outcomes.

<sup>1</sup> Tomashek, K. M., Qin, C., Hsia, J., Iyasu, S., Barfield, W. D., & Flowers, L. M. (2006). Infant Mortality Trends and Differences Between American Indian/Alaska Native Infants and White Infants in the United States, 1989–1991 and 1998–2000. *American Journal of Public Health*, 96(12), 2222–2227.

**Additional Resources:** [Oregon Perinatal Data Book](#), pp.14-15

**About the Data:** Oregon data is from the Oregon Linked Birth & Death Certificate Data (from the Center for Health Statistics of the Oregon Health Authority) and U.S. data is from the National Center for Health Statistics. Data include infants born alive who die within the first year of life.

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[Oregon State Health Profile](#)

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