



State of North Carolina
Department of Health and Human Services

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**Record number of babies born in 2005,
but N.C. infant mortality rate remains steady**
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RALEIGH— More babies were born in 2005 to North Carolina residents than ever before—123,040 births were recorded for the year. The state's infant mortality rate was 8.8 deaths per 1,000 live births in 2005, the same as the previous year.

Of the 123,040 live births last year, 70,293 (57.1 percent) were white non-Hispanic; 28,146 (22.9 percent) were black non-Hispanic; 19,512 (15.9 percent) were Hispanic; 1,661 (1.3 percent) were American Indian non-Hispanic; and 3,428 (2.8 percent) were other races/ethnicities.

The minority infant mortality rate dropped by 4.5 percent, from a rate of 15.6 deaths per 1,000 births in 2004 to 14.9 in 2005. However, the minority rate is still more than double the white rate—the 2005 white infant mortality rate was 6.4, a slight increase from the 2004 rate of 6.2.

Prematurity and low birth weight accounted for 20 percent of deaths of infants under 1 year old, and for 28 percent of the deaths of babies under 28 days old. Almost 17 percent of the 2005 infant deaths were due to birth defects. Sudden Infant Death Syndrome, or SIDS, accounted for nearly 10 percent of the deaths.

“The health of women before, during and even after pregnancy has a big impact on infant mortality rates,” said State Health Director Leah Devlin. “High-quality prenatal care, while essential to good birth outcomes, cannot compensate for a lifetime of poor health, for unhealthy behaviors such as smoking or poor nutrition or poor physical fitness, and for limited access to ongoing high-quality health care. Healthy women tend to have healthier babies.”

“In North Carolina, childhood poverty rates are substantially higher than in the nation as a whole,” Devlin said. “Many people lack health insurance or are under-insured. We have high rates of heart disease, stroke, diabetes, obesity, and other chronic health problems. Our per capita spending for public health is among the lowest in the nation.”

Infant mortality rates have improved dramatically over the past 30 years in North Carolina, declining 52.4 percent since 1975, when 18.5 out of 1,000 babies died. The rate reached an all-time low of 8.2 infant deaths per 1,000 live births in 2002 and 2003. North Carolina still has one of the nation's higher infant mortality rates. Based on provisional data, the Centers for Disease Control and Prevention (CDC) has ranked the state 45th in infant mortality for 2005.

“The bottom line is that we all need to be doing much more on the national, state, local and individual levels to improve people's health,” Devlin said. “That's the only way we can hope to lower our state's infant mortality rates and to eliminate the multiple health disparities that hit our minority populations especially hard.”

(MORE)



After carefully examining North Carolina’s infant mortality during the past year, the North Carolina Minority Health Advisory Council and the North Carolina Child Fatality Task Force identified and are pursuing new interventions to reduce racial disparities and preterm births that contribute to infant mortality.

Many of North Carolina’s initiatives to reduce infant mortality are collaborative programs involving a network of local communities, non-profit agencies, public and private health care providers, and state and national agencies. For example, the state has four federally funded Healthy Start grants covering 15 counties. These locally based programs are now focusing on working with women and their infants for two years following delivery of the baby, including helping them to obtain a medical home and to address issues of birth spacing.

More than three out of five pregnancies to low-income women in the state are unintended or unplanned. Women with unintended pregnancies are at a higher risk for preterm delivery and other complications. Reducing the number of unintended pregnancies—and the poorer pregnancy outcomes associated with them—by providing more accessible family planning services is a key strategy to reduce infant mortality. The state’s Medicaid income eligibility for family planning services was expanded last year to help more people access those services.

Since 1990, a unique public/private partnership between the N.C. Department of Health and Human Services and the North Carolina Healthy Start Foundation has been focusing on improving the health of women, babies and young children by educating the public, training professionals, and advising policymakers. They address risk factors for infant death or prematurity such as smoking and stress and promote infant sleep safety through bilingual messages and materials and the statewide, toll-free NC Family Health Resource Line (1-800-367-2229).

To address birth defects, one of the leading causes of infant mortality in the U.S. and in North Carolina, the Division of Public Health is collaborating with UNC, the national Centers for Disease Control and Prevention (CDC), and seven other states on the National Birth Defects Prevention Study. North Carolina is also one of five states participating in the national State Infant Mortality Collaborative to develop appropriate programs and interventions to improve infant mortality.

Nationally, the CDC issued recommendations in April focusing on the following areas:

- individual responsibility for preconception health;
- call for actions to improve health care services;
- improving preconception care and health for specific groups of women;
- increased health-care coverage among uninsured, low-income women;
- the role of public health and community programs; and
- continuous quality improvement and planning.

These recommendations will help guide the local, state and national efforts to reduce infant mortality.

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NOTE TO REPORTERS:

For a full set of data tables, see www.schs.state.nc.us/SCHS/deaths/ims/2005.