

2008 Georgia Data Summary:

Infant Mortality



In Georgia in 2006, 1,198 infants died before reaching their first birthday, an infant mortality rate (IMR) of 8.1 per 1,000 live births.

IMPORTANCE

- Infant mortality is a critical indicator of the health of a population, reflecting the overall state of maternal health as well as the quality and accessibility of primary health care available to pregnant women and infants.

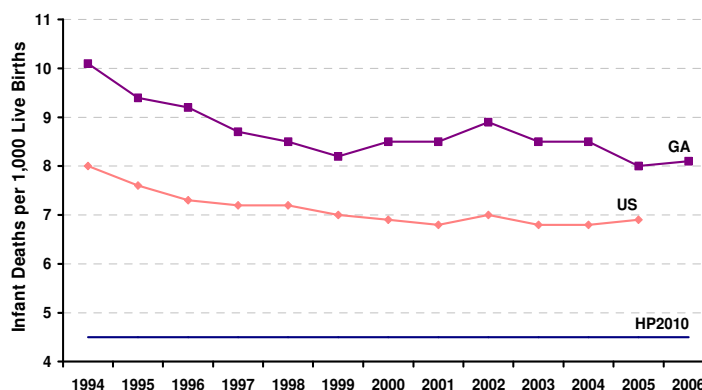
DEFINITIONS

- **Infant Mortality Rate (IMR)**
The number of infant deaths per 1,000 live births in a population.
- **Infant Death**
Death of an infant less than one year after birth (<365 days).
- **Neonatal Death**
Death of an infant less than 28 days after birth (<28 days).
- **Postneonatal Death**
Death of an infant between 28 days and one year after birth (28-364 days).
- **Low Birthweight (LBW)**
Birth weight less than 5 pounds 8 ounces (2,500 grams).

INFANT MORTALITY

- In Georgia in 2006, there were **1,198** infant deaths, an infant mortality rate (IMR) of **8.1** per 1,000 live births.
- Infant mortality in Georgia declined by about **20%** from 1994 to 2006.
- Georgia's IMR has been consistently higher than the IMR for the U.S., although the gap has narrowed; the Georgia IMR was **26%** higher than the U.S. IMR in 1994, and **16%** higher in 2005.
- In 2005, Georgia's IMR was the **10th** highest in the U.S., among the 50 states and D.C.
- Georgia has not met the Healthy People 2010 (HP2010) target IMR of 4.5, with an IMR nearly twice as high in 2006.

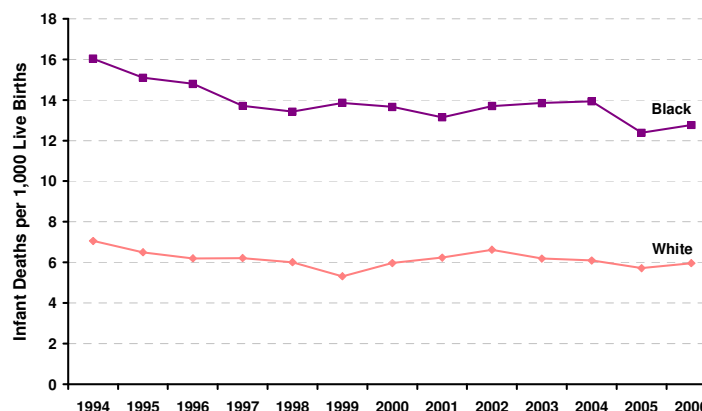
Infant Mortality Rate, 1994-2006
Georgia, the U.S., and Healthy People 2010



DISPARITIES

- There is a significant disparity between white and black infant mortality rates; black infants are more than **two times** more likely to die than white infants.
- From 1994 to 2006, the infant mortality rate among blacks declined by approximately **20%**, from 16.0 to 12.8, and among whites by approximately **15%**, from 7.1 to 6.0.

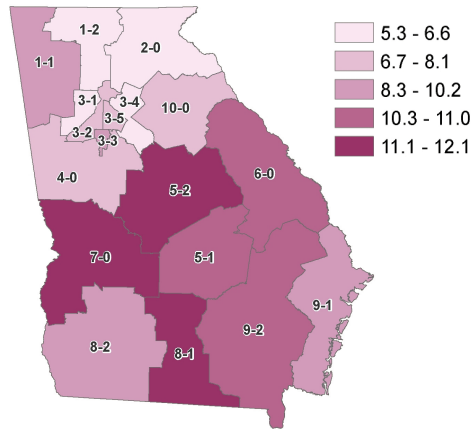
Infant Mortality by Race, Georgia, 1994-2006



INFANT MORTALITY BY HEALTH DISTRICT

- The IMR during 2004-2006 was highest in the following Health Districts: 7-0 Columbus (**12.1**), 5-2 Macon (**11.3**), and 8-1 Valdosta (**11.1**).
- The IMR was lowest in the following health districts: 2-0 Gainesville (**5.3**), 1-2 Dalton (**6.4**), 3-1 Cobb/Douglas (**6.6**), and 3-4 Lawrenceville (**6.6**).

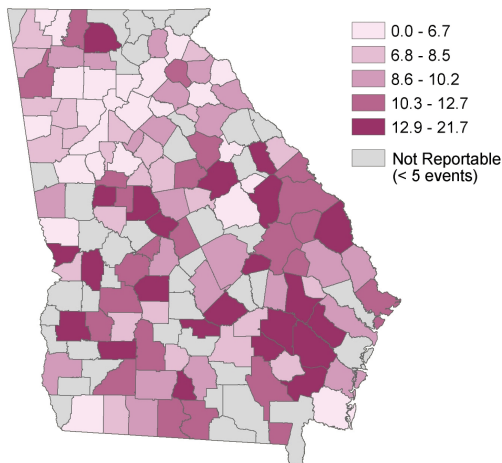
IMR by District, Georgia, 2004-2006



INFANT MORTALITY BY COUNTY

- The IMR was highest in the following counties during the 2004-2006 time period: Telfair (**21.7**), Treutlen (**18.5**), Hancock (**18.0**), Long (**16.3**), and Marion (**16.2**).
- The IMR was lowest in the following counties: Habersham (**3.4**), Forsyth (**3.8**), Cherokee (**4.1**), Fayette (**4.5**), and Madison (**4.8**).

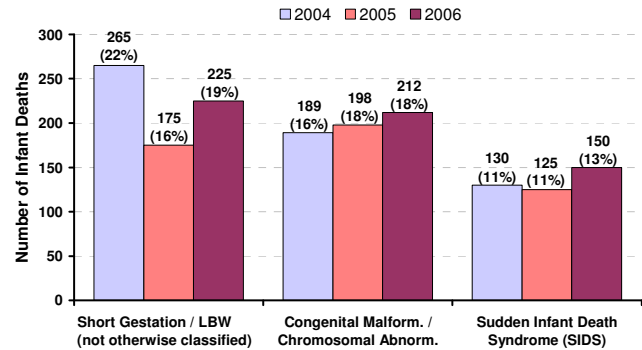
IMR by County, Georgia, 2004-2006



LEADING CAUSES OF INFANT MORTALITY

- The most common causes of infant mortality are short gestation/LBW (not otherwise classified), congenital malformation/chromosomal abnormality, and SIDS.

Leading Causes of Infant Mortality, Georgia, 2004-2006



- In 2006, the leading causes of neonatal mortality (**771** deaths) were short gestation/LBW (**202, 26%**), congenital malformation/chromosomal abnormality (**137, 18%**), and respiratory distress of the newborn (**71, 9%**).
- In 2006, the leading causes of postneonatal mortality (**427** deaths) were SIDS (**136, 32%**), congenital malformation/chromosomal abnormality (**75, 18%**), and accidents (**31, 7%**).

OPPORTUNITIES FOR PREVENTION³

- Get good preconception and prenatal care to identify and treat problems early.
- Eat a healthy diet and gain an appropriate amount of weight during pregnancy, which can help to reduce the risk of having a low birthweight baby.
- Take a multivitamin containing 400 micrograms of folic acid, even prior to pregnancy, to help prevent birth defects.
- Avoid cigarettes, alcohol, and illicit drugs, which can cause birth defects, slow fetal growth, and lead to premature delivery.
- Be aware of and avoid risk factors for SIDS: stomach or side sleeping, soft sleep surfaces, loose bedding, overheating, smoking, and bed sharing.

Data sources:

- Birth and Death Vital Records Data (1994-2006), OHIP Data Warehouse
- National Center for Health Statistics, final mortality data, 1990-1994 and period linked birth/infant death data, 1995-present. Retrieved from www.marchofdimes.com/peristats.
- The March of Dimes website: www.marchofdimes.com.

Date updated: September 2008

Publication number: DPH08.301HW

Visit <http://www.health.state.ga.us/programs/family/index.asp> for more information about infant health in Georgia.