DISPARITIES CONTINUE IN INFANT MORTALITY AND LOW BIRTH WEIGHT

Did you know? Low birth weight can be a predictor of developmental delays and mortality among infants.[1] Infant mortality and low birth weight in infants can decline when expecting mothers receive adequate prenatal care.[2] In 2015, preterm birth and low birth weight accounted for about 17% of all infant deaths.[3] The *National Healthcare Quality and Disparities Report* (NHQDR)[4] shows disparities among birth weights and infant mortality by race and ethnicity.

NHQDR data show:

- From 2007 to 2014, Black and American Indian and Alaska Native (AI/AN) infants with a birth weight less than 1,500 grams had the highest rate of infant mortality per 1,000 live births. In 2014, the rates were: Blacks (236.1 per 1,000 live births), AI/ANs (215.5 per 1,000 live births), and Whites (210.1 per 1,000 live births).
  Data Table: Infant mortality per 1,000 live births, birth weight less than 1,500 grams, Overall and by Race, 2007-2014.

- From 2007 to 2015, Black mothers had a higher percentage of live-born infants with lower birth weights (less than 2,500 grams) than all other populations in every year. This disparity has not changed over time. In 2015, Blacks (13.0%) and Asians and Pacific Islanders (8.4%) had a higher percentage of live-born infants with low birth weight than Whites (7.0%).
  Data Table: Live-born infants with low birth weight (less than 2,500 grams), 2007-2014, Overall and by [Mother's] Race, 2007-2015.

These measures are provided by the National Vital Statistics System of the National Center for Health Statistics at the Centers for Disease Control and Prevention.

Federal programs are working to reduce, if not eliminate, these disparities nationwide, including the following Department of Health and Human Services programs:

- Centers for Disease Control and Prevention Maternal and Child Health Epidemiology Program, which assigns epidemiologists and fellows to State, local, and tribal levels to support epidemiologic research and provides scientific information to improve maternal and child health programs and policies. Go to https://www.cdc.gov/reproductivehealth/mchepi/index.htm.

- Health Resources and Services Administration (HRSA) Title V Maternal and Child Health Services Block Grant Program, which supports grantees across State agencies, usually located within State health departments to support innovative improvements in maternal and child health. Go to https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program.

- HRSA's Health Start Program, which targets communities with infant mortality rates at least 1½ times the U.S. national average. This program also aims to reduce other negative outcomes, such as maternal mortality. Go to https://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start.

AHRQ Agency for Healthcare Research and Quality

References

1. March of Dimes. Low Birthweight. https://www.marchofdimes.org/complications/low-birthweight.aspx.
2. Partridge S, Balayla J, Holcroft CA, et al. Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 U.S. deliveries over 8 years. Amer J Perinatol 2012;29:787-94. https://www.ncbi.nlm.nih.gov/pubmed/22836820. Accessed October 25, 2018.
3. Centers for Disease Control and Prevention. Preterm Birth. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm. Accessed October 25, 2018.
4. Agency for Healthcare Research and Quality. National Healthcare Quality & Disparities Reports. http://www.ahrq.gov/research/findings/nhqrdr/index.html. Accessed October 25, 2018.

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