Infant mortality is the number of infants who die during their first year of life and is measured by the number of deaths per 1,000 live births. The Infant Mortality Rate (IMR) is an important measure of the general health and well-being of infants, children, and pregnant women. It is associated with several factors including, maternal health, quality and access to medical care, socioeconomic conditions, and public health practices.

In the United States, about two-thirds of infant deaths occur in the first month after birth and are due mostly to health problems such as birth defects or preterm delivery. About one-third of infant deaths occur after the first month and are influenced greatly by social or environmental factors, such as exposure to cigarette smoke or problems with access to health care. The country’s IMR has continued to steadily decline over the past several decades, from 26 in 1960 to a historically low rate of 6.6 in 2008.

Yet, the United States ranks 31st in the world in infant mortality, which is only higher than Chile, Mexico and Turkey. This ranking by the Organization for Economic Co-operation and Development is above the international average of 4.6 and due in large part to disparities that continue to exist among various racial and ethnic groups. According to the Office of Minority Health, African Americans have 2.3 times the IMR as non-Hispanic whites. They are three times as likely to die as infants due to complications related to low birth-weight as compared to non-Hispanic white infants.

Statistics published by the Florida Department of Health indicate that the black-white disparity in infant mortality rates has grown over time, from 1.9 in 1970 to 2.3 in 2006. The experts attribute 80 percent of this disparity to higher rates of premature births among black women. Currently, Florida ranks 34th in infant mortality and is among 27 states with an IMR above the national average of 6.6.

Racial Disparities

Infant mortality is a complex problem with no single solution. Rather than just being an issue of health care access/quality, there are numerous social, economic and racial/ethnic issues that play a role. Racial disparities in the IMR persist even after taking education and income into account.
According to the documentary “Unnatural Causes” (www.unnaturalcauses.org) produced by California Newsreel, infant mortality is almost three times higher among African-American women with the same level of education as white American women.

**Chronic Stress**

Recent studies show that stress over a lifetime can make it more likely that a woman will lose her baby. Chronic stress can cause the release of hormones that make premature labor more likely, and can also cause inflammation in the placenta, leading to less blood flow and less oxygen to the baby during pregnancy. Chronic stress is one explanation of how factors like poverty and racism make infant deaths more likely.

**Recommendations**

Preconception health has been recognized as a key factor in improving infant and maternal health outcomes. Taking action on health issues and risks before, during, and after pregnancy can translate into a positive birth outcomes. Start by modifying behaviors, lifestyles, and conditions that affect birth outcomes: smoking, substance abuse, poor nutrition, lack of access and use of prenatal care, medical problems, and chronic illness. Public health agencies, health care providers, and communities of all ethnic groups must partner to improve the infant mortality rate in the United States.

We have often heard that it takes a village to raise a child. I would add that it takes a commitment on the part of all levels of civil society to improve birth outcomes!

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