

Figure 1. U.S. IMR (Infant Deaths/1,000 Live Births), by State, 2008

Source: Adapted by CRS from Ariadi M. Minino, et al., National Vital Statics Reports: Deaths: Final Data for 2008, National Center for Health Statistics, Vol. 59, No. 10, Hyattsville, MD, December 7, 2011.

The Congressional Research Service (CRS), an in-house research operation for Congress, recently released a report, *The U.S. Infant Mortality Rate: International Comparisons, Underlying Factors, and Federal Programs*, focused on U.S. infant mortality rates (IMR) and specifically looking at differences in relation to income and race. CRS takes issues and analyzes them to provide policymakers options for addressing issues via legislation. The intent of this report is to look at policy options for dealing with low birth weight and prematurity -- two primary maternal health issues of interest to members of Congress largely because of the costs associated with both. Infant mortality refers to deaths that occur during infancy, defined as the first year of life.

The report looks at changes in health status and lifestyle that affect infant mortality, addressing weight gain as a lead factor associated with gestational diabetes and hypertension. It also looks at insurance access, socioeconomic challenges, and education/health literacy challenges.

Pregnancy-associated (preeclampsia) and chronic hypertension, for instance, have increased an average of 1% every year since 1990. These conditions are associated with greater risk of pregnancy complications and adverse outcomes.

Top health issues and health behaviors that raised infant death rate:

- Inappropriate weight gain during pregnancy (too much or too little)
- Tobacco use
- Gestational diabetes
- Hypertension
- Lack of prenatal care
- Delayed prenatal care (after 1st trimester)
- Lack of breastfeeding
- Short duration between pregnancies (less than 6 months)

In summary, the report shows higher rates of mortality within the African American community (particularly in southern states). Specifically, the IMR for infants born to black mothers was 12.7, compared to the white IMR of 5.5. But even the lower death rate for white babies is still higher than most European countries and other English-speaking countries, suggesting that eliminating racial disparities would likely lower the US IMR, but would not go far enough.

The report especially focuses on low birth weight and short gestational age, the second leading cause of infant deaths behind congenital malformations. Low birth weight is defined as infants born at less than 2,500 grams (i.e., less than 5.5 lbs) and short gestational age is defined as infants born prior to 37 completed weeks of gestation.

Number 4 on the list of causes is newborn deaths affected by maternal complications of pregnancy. Based on the large number of ways that babies are impacted by a mother's preeclampsia, it's hard to calculate how many deaths can be attributed to preeclampsia. It is certainly a significant number of the approximate 28,000 reported infant deaths each year.

I'm sure we'll hear more about this as we spend time in Point Clear, Alabama, site of this year's Saving Grace dinner gala. The Southeastern part of the nation has a higher incidence of infant deaths (see chart), most likely mirroring a higher incidence of preeclampsia. Through our partnership with University of South Alabama's Women & Children's Hospital, home to the area's only Level 3 Neonatal Intensive Care Unit (NICU), we'll hear about many families whose stories reflect this report's statistics, as well as families whose babies were saved and thrived under the care of this NICU's expert staff.