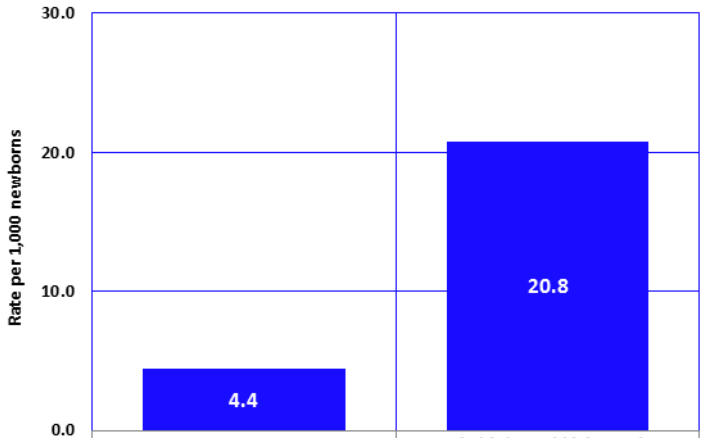
Figure 2C-4.2
Infant Mortality Rates for Single and Multiple Births, Arizona, 2013



	Singleton births	Twin births and higher order multiples
No. of newborns	82,415	2,547
No. of infant deaths	363	53
Infant deaths per 1,000 newborns	4.4	20.8

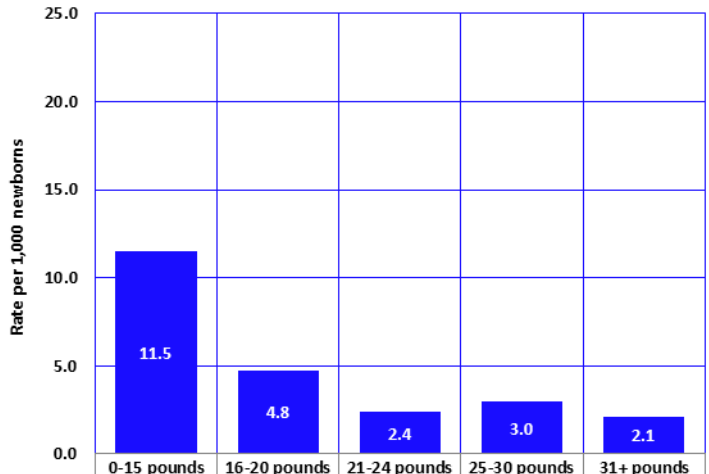
Notes: 1 case in the complete 2013 birth file was missing plurality.

As already noted in Section 1B, infants born in multiple deliveries tend to be born at shorter gestations and smaller than those in singleton deliveries. In 2013, infants born in multiple deliveries were 12.7 times more likely (45.6 vs. 3.6 percent) to be born earlier than expected (at less than 37 completed weeks of gestation) and smaller (at less than 2,500 grams) than singleton births (**Figure 1B-10**).

The infant mortality rate for single births was 4.4 in 2013 (**Figure 2C-4.2**). The infant mortality rate for twin births or higher order multiples was 20.8.

Babies born in multiple deliveries accounted for 3.0 percent of births (**Table 1B-16**), but 12.7 percent of all infant deaths in Arizona in 2013 (only those with matching birth and death records).

Figure 2C-4.3
Infant Mortality Rates by Maternal Weight Gain during Pregnancy, Arizona, 2013



	0-15 pounds	16-20 pounds	21-24 pounds	25-30 pounds	31+ pounds
No. of newborns	12,936	10,504	7,126	18,439	35,394
No. of infant deaths	149	50	17	55	75
Infant deaths per 1,000 newborns	11.5	4.8	2.4	3.0	2.1

Notes: 564 cases in the complete 2013 birth file were missing maternal weight gain.

Infant mortality rates vary with maternal weight gain during pregnancy. Insufficient or excessive weight gain during pregnancy can negatively impact both maternal and pregnancy outcome. In 2013, as in previous years, the risk of infant death decreased with increasing maternal weight gain, including maternal weight gain of 31 or more pounds (**Figure 2C-4.3**). Among the 35,394 women giving birth in 2013 who gained 31 or more pounds, the risk of infant mortality was 2.1/1,000.

There is no coincidence that mother's weight gain has been shown to have a positive correlation with infant birthweight (**Figure 1B-22**).