Infant mortality is defined as the number of deaths within the first year of life. The infant mortality rate (IMR) is computed as the number of infant deaths in a calendar year per 1,000 live births recorded for the same period. For consistency with the national data, the denominators to calculate infant mortality rates were changed from race/ethnicity of parents to race/ethnicity of mother.

For the first time since 1998, the infant mortality rate increased by 3 percent from 6.7/1,000 in 2000 to 6.9/1,000 in 2001 (Figure 2C-1, Table 2C-1).

Arizona’s 2000 to 2001 increase in infant mortality was due to an increased rate of deaths in the neonatal period (from birth to 28 days of age, NMR), while the rate of postneonatal deaths (between 28 days and 365 days after birth, PNMR) in 2001 was unchanged from 2000 (Figure 2C-1, Table 2C-3).

The 2001 mortality risk for infants varied by race/ethnicity. Infants of Asian mothers, followed by babies of Hispanic and White non-Hispanic mothers had the lowest infant mortality rates among the ethnic groups in 2001 (Figure 2C-2, Table 2C-2).

Black infants continued to have in 2001 the worst survival chances among the ethnic groups, followed by American Indians (Figure 2C-2). The risk of dying among Black infants was 3.4 times greater than the risk for Hispanics and 6 times greater than the risk for Asians. American Indian infants were 2.8 times more likely to die before their first birthday (10.7 infant deaths per 1,000 live births) in 2001 than Asian infants, the group with lowest IMR of 3.8/1,000.
Infants of Asian mothers, followed by babies of White non-Hispanic and American Indian mothers had the lowest mortality rates in the neonatal period (from birth to 28 days of age, NMR), among the racial/ethnic groups in 2001 (Figure 2C-3, Table 2C-3).

Three out of every four (76.7 percent) neonatal deaths in Arizona in 2001 occurred during the first week of life (Table 5E-15).

The rate of postneonatal deaths (between 28 days and 365 days after birth, PNMR) for Black infants decreased from 8 deaths per 1,000 live births in 2000 to 7.7/1,000 in 2001 (Table 2B-3). Still, the Black PNMR was the highest among the racial/ethnic groups in 2001, and it exceeded the PNMR for all groups by 221 percent (Figure 2C-4). The PNMR for infants of Asian decreased from 2/1,000 in 2000 to 1.4/1,000 in 2001 and was the lowest among racial/ethnic groups.