In Arizona, reportable fetal deaths are those after 20 completed weeks of gestation or if the fetus weighs more than 350 grams (ARS 36-329; Arizona Administrative Code, R9-19-302). In addition to spontaneous stillbirths, any induced termination of pregnancy at 20 or more weeks of gestation (or, if the gestation period is unknown, when the weight of the product of human conception is more than 350 grams) also requires the filing of a fetal death certificate.
The number of all reported fetal deaths in Arizona (including late term abortions) in 2013 was 775, an 18.5 percent increase from 2012 (Figure 1C-1, Table 1C-3). In 2013, the annual number of reportable spontaneous fetal losses increased 16.0 percent from 2012, but remained lower than the recent high of 583 in 2007 (Figure 1C-1, Table 1C-3).

Perinatal mortality refers here to death of a fetus of at least 28 weeks gestational age, or of an infant less than 7 days old. The perinatal death rate per 1,000 live births and fetal deaths remained stable at 5.7/1,000 in 2012 and 2013 (Figure 1C-2, Table 1C-3).

Early infant deaths accounted for 221 or 45.8 percent of the 483 perinatal deaths in 2013 (Figure 1C-2, Table 1C-3).

The fetal mortality rate of 6.4 fetal deaths at 20 or more weeks of gestation per 1,000 live births in 2013 was the highest rate in the past decade, while the actual number of reportable spontaneous fetal losses was lower than the recent high of 583 reportable spontaneous fetal losses occurring in 2007. The number of spontaneous fetal losses in 2013 (n = 545) was 16.0 percent greater than the 470 spontaneous fetal losses reported in 2011 and 2012.
In 2013, 9 women giving birth were reported to have died from maternal causes (Table 1C-1). The number of maternal deaths does not include all deaths occurring to pregnant women, but only those deaths assigned to causes related to or aggravated by pregnancy or pregnancy management.

Based on the total number of 94 maternal deaths from 2003 to 2013, women age 35 and greater had the highest proportional contribution to maternal mortality (43.6 percent), followed by women age 25 - 34 (39.4 percent), and women age 24 and younger (17.0 percent; Figure 1C-3).

In the eleven-year period from 2003 to 2013, the major causes of maternal deaths in the State have included complications following childbirth (i.e. complications of the puerperium; 30.9 percent), complications mainly related to pregnancy (22.3 percent), complications occurring in the course of labor and delivery (6.4 percent), and ectopic pregnancy (4.3 percent). All other possible causes of maternal death accounted for 34.0 percent of the maternal deaths from 2003 to 2013 (Figure 1C-4, Table 1C-2).

Notes: * Based on the total number of maternal deaths from 2003 to 2013; † Complications of the puerperium.
Fetal mortality rates vary by the race/ethnicity of the mother (Figure 1C-5). The fetal mortality rate for Black or African American women was 8.4/1,000 live births and fetal deaths, the highest rate among the racial/ethnic groups. The 2013 fetal mortality rate was 7.3 for American Indian women, 6.4 for White non-Hispanic women, 6.2 for Hispanic or Latino women, and 3.7 for Asian women.

Fetal mortality rates also vary by maternal age (Figure 1C-6). In 2013, fetal mortality rates were lowest for women aged 20-24 years and highest for those aged 35 years and older. The fetal mortality rate for mothers age 35 and older increased by 6.7 percent from 2012.