1C.

**Fetal, Perinatal, and Maternal Deaths**

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.
Figure 1C-1
Trends in Fetal Deaths, Arizona, 2005-2015

The number of all reported fetal deaths in Arizona (including late term abortions) in 2015 was 861, a 2.7 percent decrease from 2014 (Figure 1C-1, Table 1C-3). In 2015, the annual number of reportable spontaneous fetal losses increased about 1 percent from 519 in 2014 to 524, and remained lower than the recent high of 583 in 2007 (Figure 1C-1, Table 1C-3).

Figure 1C-2
Fetal and Perinatal Mortality Rates, Arizona, 2005–2015

The fetal mortality rate rose 1.7 percent from 2014 to 2015 to a rate of 6.1 deaths at 20 or more weeks of gestation per 1,000 live births. In 2015, the number of spontaneous fetal losses has seen an increase at 524 spontaneous fetal losses.

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 has been below 6 deaths per 1,000 since 2009. The perinatal mortality rate in 2015 was 6.0, a slight decrease from 2014 (Figure 1C-2, Table 1C-3).

Early infant deaths accounted for 235 or 46.1 percent of the 510 perinatal deaths in 2015 (Figure 1C-2, Table 1C-3).
The number of women who died from maternal causes decreased slightly from 2014 to 2015. In 2015, 8 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 104 maternal deaths from 2005 to 2015, women age 35 and older had the highest proportional contribution to maternal mortality followed by women age 25 - 34, and women age 24 and younger (Figure 1C-3).

In the eleven-year period from 2005 to 2015, the major causes of maternal deaths in the State have included complications following childbirth (i.e. complications of the puerperium), complications mainly related to pregnancy, complications occurring in the course of labor and delivery, and ectopic pregnancy. All other possible causes of maternal death accounted for 36.5 percent of the maternal deaths from 2005 to 2015 (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 11.3 per 1,000 live births plus fetal deaths, the highest rate among the racial/ethnic groups. The fetal mortality rate was equally high for American Indian women (8.0), and Hispanic or Latino (6.6), while the rates of White non-Hispanic (5.2) and Asian women (2.2) were below the state average.

Fetal mortality rates vary by maternal age (Figure 1C-6). In 2015 fetal mortality rates were lowest for women aged 20-24 years and highest for women aged less than 20 years and those aged 35 years and older. The fetal mortality rate for mothers aged 35 and older increased by 17.6 percent from 2014.