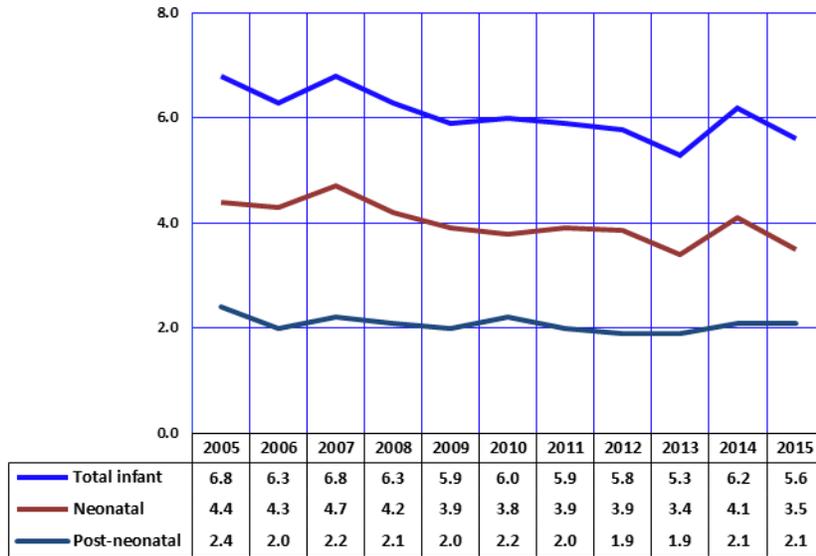


2C. AGE-SPECIFIC MORTALITY
Infant mortality

Figure 2C-1
Infant Mortality Rates by Neonatal/Postneonatal Age and Year, Arizona, 2005-2015



Notes: Neonatal deaths are those infants age 0-27 days; Post-neonatal are deaths to infants age 28 days-1 year.

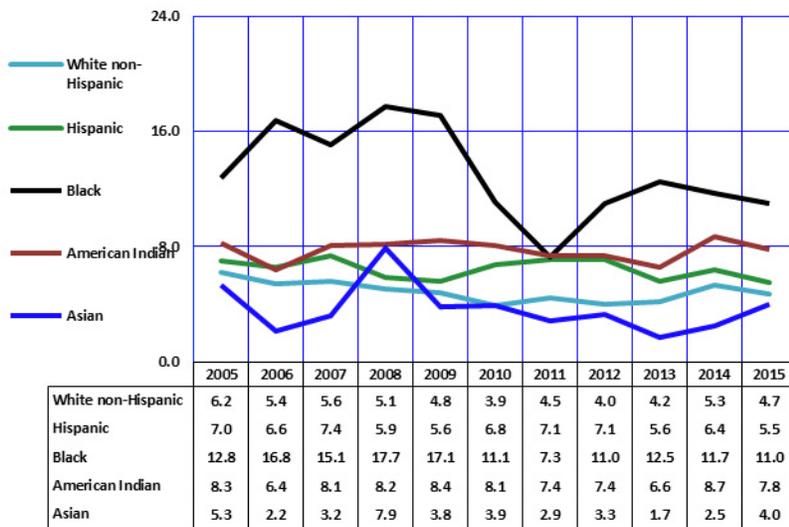
Infant mortality is defined as the number of deaths within the first year of life. The infant mortality rate is computed as the number of infant deaths in a calendar year per 1,000 live births recorded for the same period.

In 2015, 473 Arizona infants died before reaching their first birthday, 228 fewer than the latest peak of 701 infant deaths in 2007, and a decrease of 62 deaths in comparison to 2014. (**Table 2C-2**).

Even if the infant mortality rate remained the same as it was in 2007, 120 fewer infant deaths can be attributed to the absolute reduction in the number births by 17,663 from 2007 to 2015 ($(17,663 \times 6.8)/1,000 = 120$).

Based on the actual number of infant deaths and live births in 2015, The infant mortality decreased by 9.9 percent from 6.2/1,000 in 2014 to 5.6/1,000 in 2015 (**Figure 2C-1**).

Figure 2C-2
Infant Mortality Rates^a by Race/Ethnicity and Year, Arizona, 2005-2015



Note: ^a Number of infant deaths per 1,000 live births in specified group.

In 2015, 90.5 percent (428/473)* of all infant death records were successfully matched to their corresponding birth records.

The mortality risk for infants varies by race/ethnicity. Infants of Asian or Pacific Islander mothers, followed by infants of White non-Hispanic mothers had the lowest infant mortality rates among the racial/ethnic groups in 2015 (**Figure 2C-2, Table 2C-2**).

In 2015, Black or African American infants had the worst survival chances among the ethnic groups (**Figure 2C-2**). American Indian and Hispanic or Latino infants also had elevated mortality rates.

*Infant death records that were not linked to their corresponding birth certificates include unrecorded home births (i.e., no birth certificates was issued) and out-of-State births (i.e., the State issuing the certificate of birth did not send a copy to Arizona).

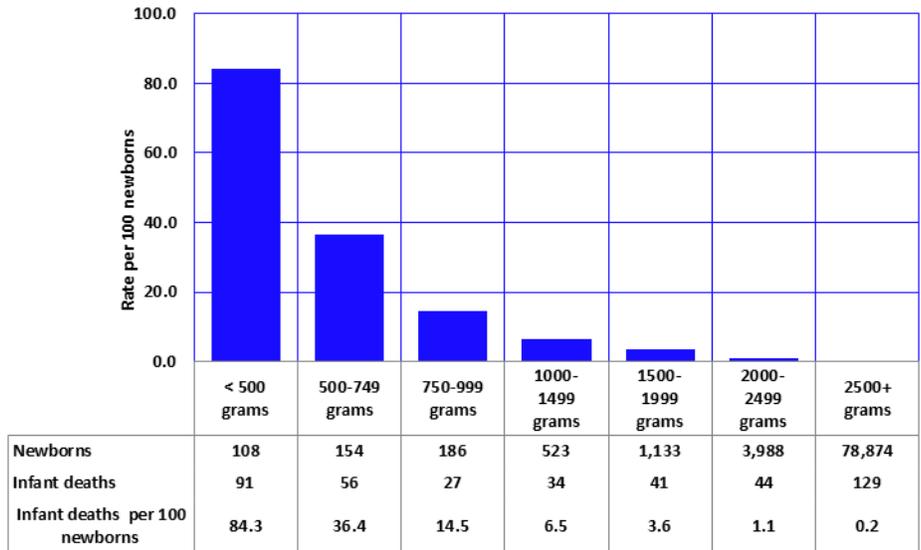
2C. AGE-SPECIFIC MORTALITY
Infant mortality

Newborn weight at birth is one of the most important predictors of an infant's survival chances. In 2015, the mortality rate among babies weighing less than 500 grams at birth was 84.3 per 100 live births (**Figure 2C-3**).

The absolute number of low birthweight births remained lower in 2015 at 6,093 than at its peak in 2007 (7,285). The proportion of babies whose weight at birth was less than 1,000 grams decreased from 8.4 percent of all low birthweight births in 2014 to 7.4 percent in 2015 (**Table 1B-3**).

Together, infants weighing less than 1,500 grams accounted for 1.1 percent of births, and 48.6 percent of all infant deaths with a matching birth record.

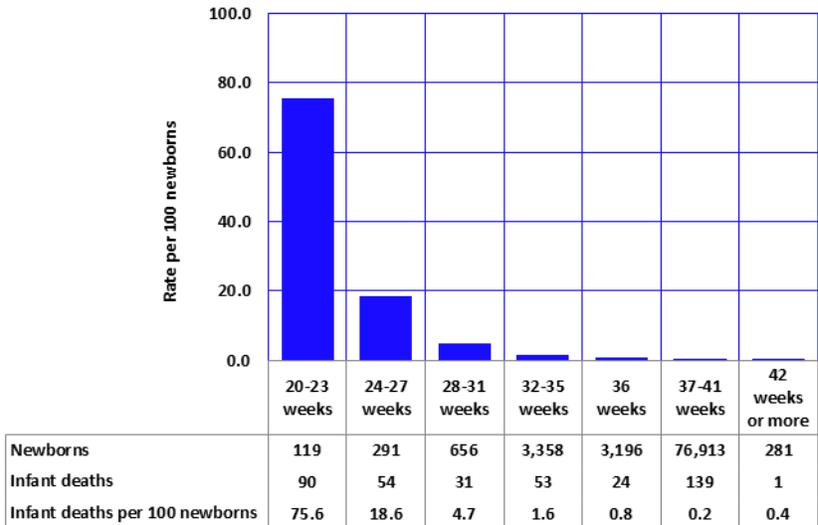
Figure 2C-3
Proportion of Infant Deaths by Birthweight, Arizona, 2015



Note: 58 cases in the complete 2015 birth file had missing birthweight estimates.

As with low birthweight, preterm and very preterm infants have a large impact on the total infant mortality rate because of their much higher risk of mortality. For example, births at 27 weeks or less of gestation accounted for only 0.5 percent of all births but 33.6 percent of infant deaths with a matching death record. Births at less than 24 weeks of gestation have a very high infant mortality rate of 75.6 per 100 live births (**Figure 2C-4**). Overall, preterm infants (those born at less than 37 weeks of gestation) accounted for 9.0 percent of all births (**Table 1B-2**) and 58.9 percent of all infant deaths (only those with matching death records).

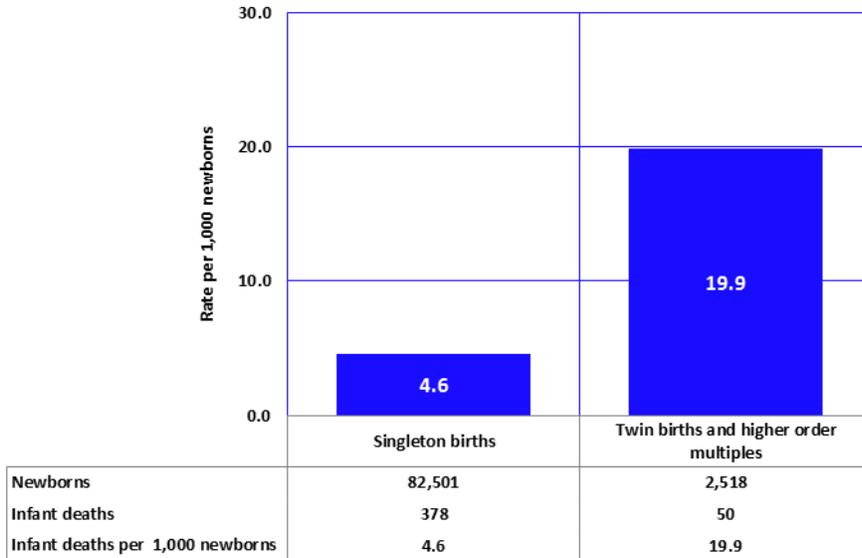
Figure 2C-4
Proportion of Infant Deaths by Gestational Age, Arizona, 2015



Note: 210 cases in the complete 2015 birth file had missing gestational age estimates and <20 weeks gestation, 36 of which were missing in the linked infant death file.

2C. AGE-SPECIFIC MORTALITY
Infant mortality

Figure 2C-4.2
Infant Mortality Rates for Single and Multiple Births, Arizona, 2015



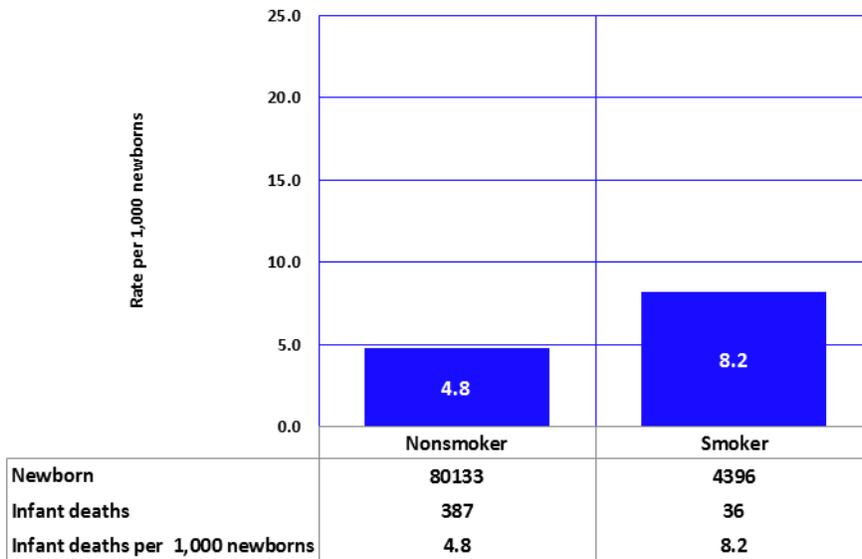
Note: 5 cases in the complete 2015 birth file were missing plurality.

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 2015, infants born in multiple deliveries were 12.0 times more likely (44.4 vs. 3.7 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 4.6/1,000 live births in 2015 (**Figure 2C-4.2**). The infant mortality rate for twin births or higher order multiples was 19.9/1,000 live births.

Babies born in multiple deliveries accounted for 3.0 percent of births (**Table 1B-16**), but 11.7 percent of all infant deaths in Arizona in 2015 (only those with matching birth and death records).

Figure 2C-4.3
Infant Mortality Rates by Mother's Smoking Status during Pregnancy, Arizona, 2015

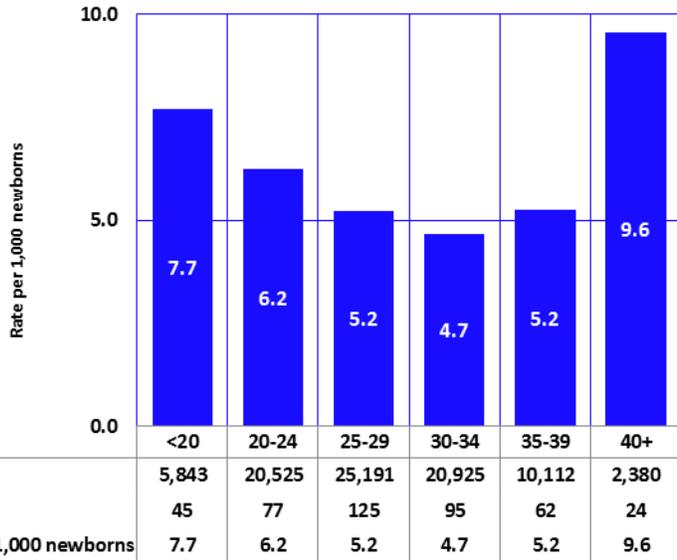


Note: 495 cases in the complete 2015 birth file were missing mothers' smoking status.

Smoking during pregnancy has been shown to increase the risk of preterm delivery, low birth weight and infant mortality. In 2015, among the 4,396 mothers who smoke during pregnancy, the risk of infant mortality was 1.7 times higher than among nonsmoker mothers (**Figure 2C-4.3**).

2C. AGE-SPECIFIC MORTALITY
Infant mortality

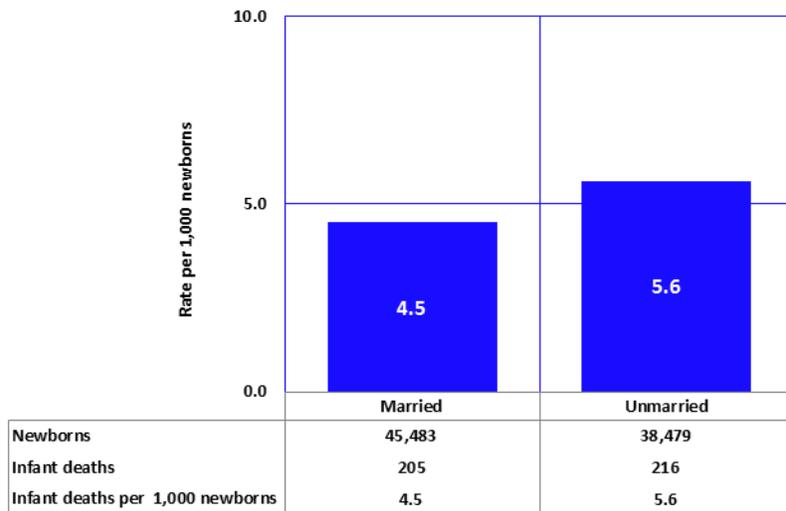
Figure 2C-4.4
Infant Mortality Rates by Mother's Age Group, Arizona, 2015



Infant mortality rates vary with maternal age. In 2015, infant mortality decreased with increasing maternal age through 30-34, but increased somewhat for infants born to women 35 years or older. Infants born to mothers aged 40 and above had the highest infant mortality rate (**Figure 2C-4.4**).

Note: 48 cases in the complete 2015 birth file were missing mother's age.

Figure 2C-4.5
Infant Mortality Rates by Mother's Marital Status, Arizona, 2015



Infants born to unmarried mothers accounted for the absolute majority of infant deaths in 2015 (216 vs. 205). The number of births to married mothers exceeded by 18.2 percent the number of births to unmarried mothers (45,483 vs. 38,479; **Table 1B-25**). In 2015, infants of unmarried mothers had an infant mortality rate of 5.6 deaths per 1,000 live births, 1.2 times higher than the rate for infants of married mothers (4.5 infant deaths per 1,000 live births; **Figure 2C-4.5**). The effect of marital status on infant mortality suggests that marital status is a proxy measure of factors traditionally related to infant mortality such as poverty conditions, access to health care and social support. Mother's marital status may signify the presence or absence of emotional, social, and financial resources.

Note: 1,062 cases in the complete 2015 birth file were missing mother's marital status.