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.
1C. FETAL, PERINATAL, AND MATERNAL DEATHS

Figure 1C-1
Trends in Fetal Deaths, Arizona, 2007–2017

The number of all reported fetal deaths in Arizona (including late term abortions) in 2017 was 605, a 1.6 percent decrease from 2016 (Figure 1C-1, Table 1C-3). In 2017, the annual number of reportable spontaneous fetal losses decreased 1.0 percent from 486 in 2016 to 481 in 2017. (Figure 1C-1, Table 1C-3).

Figure 1C-2
Fetal* and Perinatal* Mortality Rates, Arizona, 2007–2017

The fetal mortality rate increased slightly from a rate of 5.7 deaths at 20 or more weeks of gestation per 1,000 live births in 2016 to a rate of 5.9 deaths in 2017. From 2015 to 2016, the total number of fetal losses dropped from 524 to 486*. The decline persisted until 2017 where 481 spontaneous fetal losses were recorded.

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 then increased at 6.5 in 2014. The perinatal mortality rate of 5.8 in 2017 represented a slight increase from the 2016 rate (Figure 1C-2, Table 1C-3).

Early infant deaths accounted for 234 or 49.6 percent of the 472 perinatal deaths in 2017 (Figure 1C-2, Table 1C-3).

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Note: All reported includes spontaneous and induced termination of pregnancy at 20 or more weeks of gestation or 350 grams or more and some stillbirths prior to 20 weeks and of any weight.

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Notes: * Rate is the number of events per 1,000 live births and fetal deaths. * Infant deaths of less than 7 days and fetal deaths with gestation of 28 weeks or more, per 1,000 live births and fetal deaths.

*A production error occurred in the previous report. The 2016 total number of fetal losses is the revised figure.
In 2017, 23 women giving birth were reported to have died from maternal causes (Table 1C-1). This represents a decline from 26 maternal deaths recorded in 2016, but almost a threefold increase since 2015. 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 135 maternal deaths from 2007 to 2017, 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 2007 to 2017, 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 46.7 percent of the maternal deaths from 2007 to 2017 (Figure 1C-4, Table 1C-2).
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 10.1 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 (8.2), while the rates of White non-Hispanic (5.8), Hispanic or Latino (5.1), and Asian women (4.8) were below the state average.

Fetal mortality rates vary by maternal age (Figure 1C-6). In 2017 fetal mortality rates were lowest for women aged 25-29 years and highest for women aged 35 years and older. The fetal mortality rate for mothers aged 35 and older decreased by 13.8 percent from 2016.