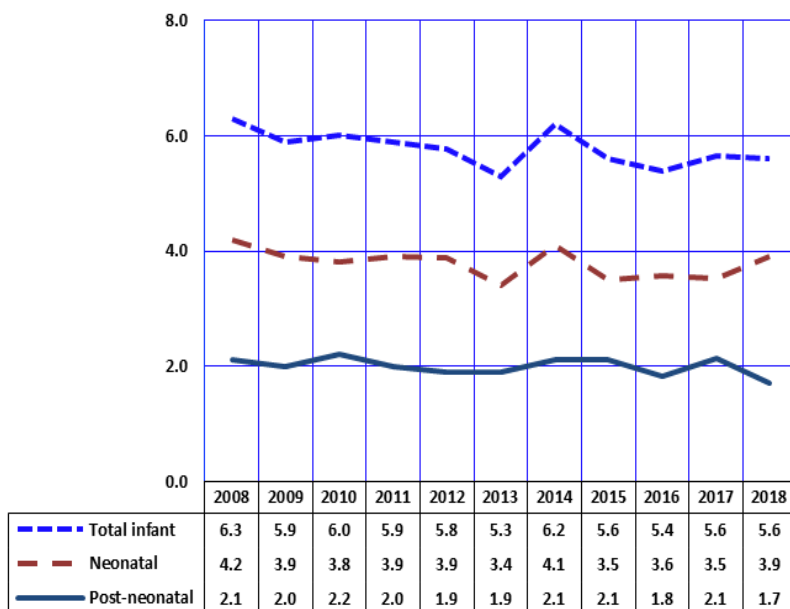


2C.AGE-SPECIFIC MORTALITY
Infant mortality

Figure 2C-1
Infant Mortality Rates by Neonatal/Postneonatal Age and Year, Arizona, 2008-2018



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.

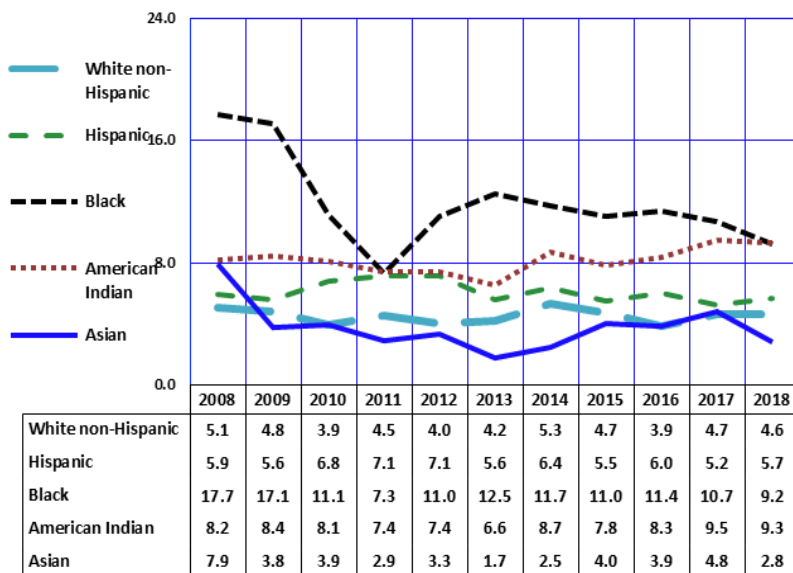
In 2018, 447 Arizona infants died before reaching their first birthday, 254 fewer than the latest peak of 701 infant deaths in 2007, and a decrease of 14 deaths in comparison to 2017 (**Table 2C-2**).

Even if the infant mortality rate remained the same as it was in 2007, 151 fewer infant deaths can be attributed to the absolute reduction in the number of births by 22,148 from 2007 to 2018 ($((22,148 \times 6.8)/1,000) = 151$).

Based on the actual number of infant deaths and live births in 2018, the infant mortality remained unchanged from 2017 to 2018 (**Figure 2C-1**).

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

Figure 2C-2
Infant Mortality Rates^a by Race/Ethnicity and Year, Arizona, 2008-2018



In 2018, 90.8 percent (406/447)* of all infant death records were successfully matched to their corresponding birth records.

The mortality risk for infants varies by race/ethnicity. Infants born to Asian or Pacific Islander mothers had the lowest mortality rates among the racial/ethnic groups in 2018 (**Figure 2C-2, Table 2C-2**).

In 2018, Black or African American and American Indian infants had the worst survival chances among the racial/ethnic groups (**Figure 2C-2**).

* 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).

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

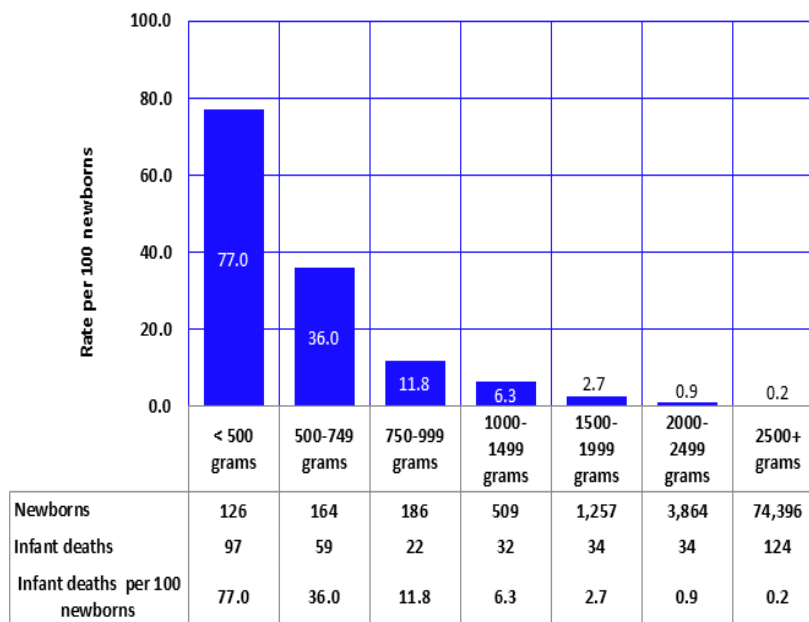
2C.AGE-SPECIFIC MORTALITY
Infant mortality

Figure 2C-3
Proportion of Infant Deaths by Birthweight, Arizona, 2018

Newborn weight at birth is one of the most important predictors of an infant’s survival chances. In 2018, the mortality rate among babies weighing less than 500 grams at birth was 77.0 per 100 live births (**Figure 2C-3**).

The absolute number of low birthweight births remained lower in 2018 at 6,106 than at its peak in 2007 (7,285). The proportion of babies whose weight at birth was less than 1,000 grams increased slightly from 7.7 percent of all low birthweight births in 2017 to 7.8 percent in 2018 (**Table 1B-3**).

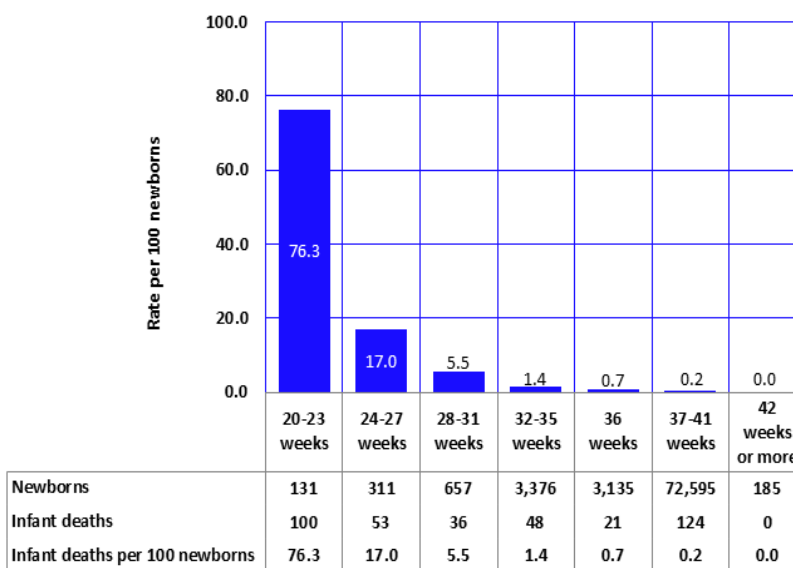
Together, infants weighing less than 1,500 grams accounted for 1.2 percent of births and 51.7 percent of all infant deaths with a matching birth record.



Note: 37 cases in the complete 2018 birth file had missing birthweight estimates.

As with low birthweight infants, preterm and very preterm babies contribute greatly to the total infant mortality rate because of their higher risk of mortality. For example, births occurring between 20-27 weeks of gestation accounted for only 0.5 percent of all births but 37.7 percent of infant deaths with a matching death record. Births at 20-23 weeks of gestation have a very high infant mortality rate of 76.3 per 100 live births (**Figure 2C-4**). Overall, preterm infants (those born at less than 37 weeks of gestation) accounted for 9.5 percent of all births (**Table 1B-2**) and 68.7 percent of all infant deaths (only those with matching death records).

Figure 2C-4
Proportion of Infant Deaths by Gestational Age, Arizona, 2018

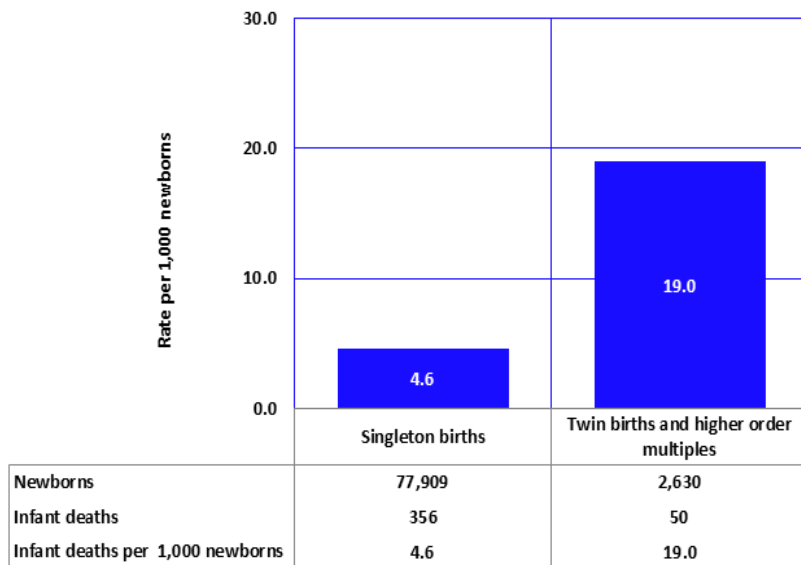


Note: Counts of newborns listed in Figures 2C-3 and 2C-4 of the 2017 printed report have been adjusted in the online version of the report to reflect the actual numbers of resident births.

Note: 115 cases in the complete 2018 birth file had missing gestational age. Three 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, 2018



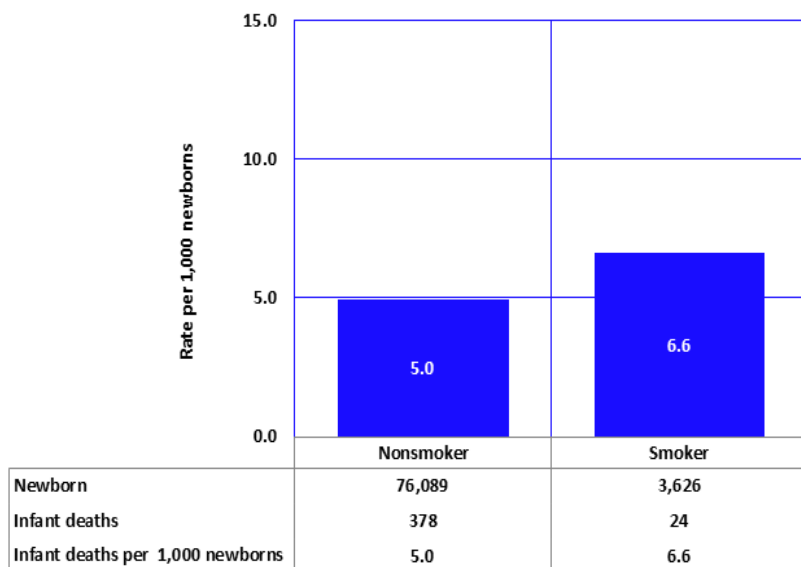
Note: 0 cases in the complete 2018 birth file were missing plurality.

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 2018, infants born in multiple deliveries were 12.4 times more likely (47.3 vs. 3.8 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 2018 (**Figure 2C-4.2**). The infant mortality rate for twin births or higher order multiples (19.0/1,000 live births) was 4.2 times higher than the infant mortality for singleton births.

Babies born in multiple deliveries accounted for 3.3 percent of births (**Table 1B-16**), but 12.3 percent of all infant deaths in Arizona in 2018 (only those with matching birth and death records).

Figure 2C-4.3
Infant Mortality Rates by Mother's Smoking Status during Pregnancy, Arizona, 2018



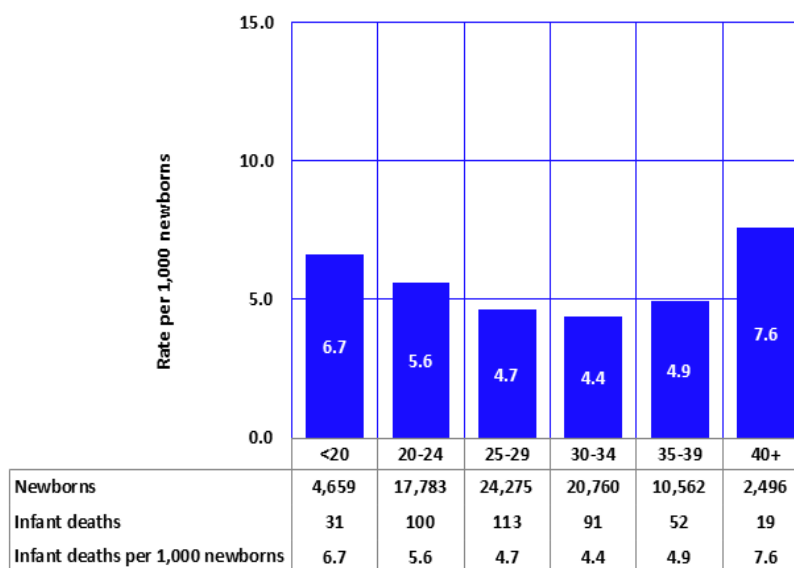
Note: 824 cases in the complete 2018 birth file were missing mothers' smoking status.

Smoking during pregnancy has been shown to increase the risk of preterm delivery, low birth weight and infant mortality. In 2018, among the 3,626 mothers who smoked during pregnancy, the risk of infant mortality was 1.3 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, 2018

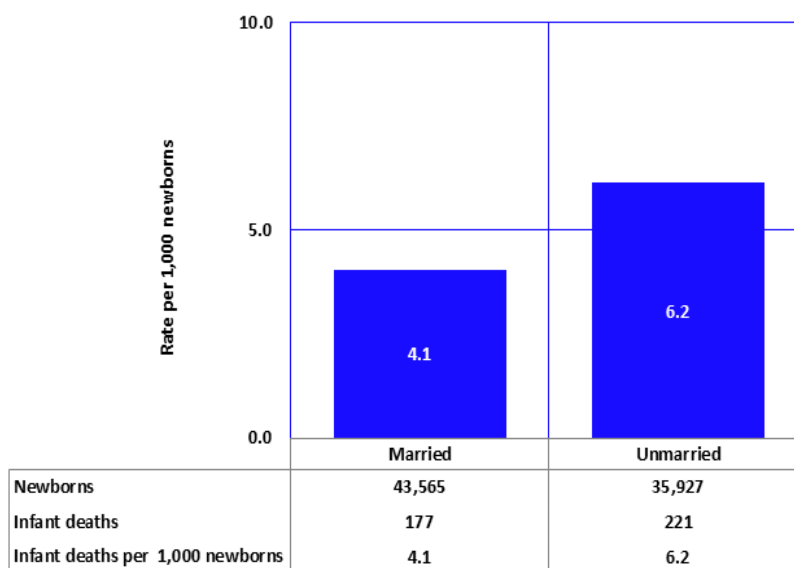
Infant mortality rates vary with maternal age. In 2018, infant mortality decreased with increasing maternal age through 30-34, but increased somewhat for infants born to women 35 years or older. Infants born to younger mothers (less than 20 years) and older mothers (40 years or over) had the highest infant mortality rates (**Figure 2C-4.4**).



Note: 4 cases in the complete 2018 birth file were missing mother's age.

Infants born to unmarried mothers accounted for the absolute majority of infant deaths in 2018 (221 infant deaths) compared to married mothers (177 infant deaths). In 2018, more children were born to married women (43,565) than their unmarried counterparts (35,927; **Table 1B-25**). Infants of unmarried mothers had an infant mortality rate of 6.2 deaths per 1,000 live births, 1.5 times higher than the rate for infants of married mothers (4.1 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.

Figure 2C-4.5
Infant Mortality Rates by Mother's Marital Status, Arizona, 2018



Note: 1,047 cases in the complete 2018 birth file were missing mother's marital status.