

TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT



Inequities in Infant Mortality

5.6 per 1,000

infants in Pennsylvania did not live past their first birthday.



Infant mortality is death occurring before the first year of life.

Leading Underlying Causes of Infant Death:

Structural or

functional birth

defects



Disorders relating to short gestation and low birthweight (prematurity)

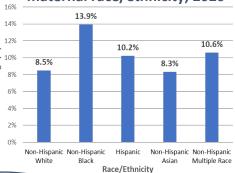


Newborn affected by complications of the placenta, cord, or membranes

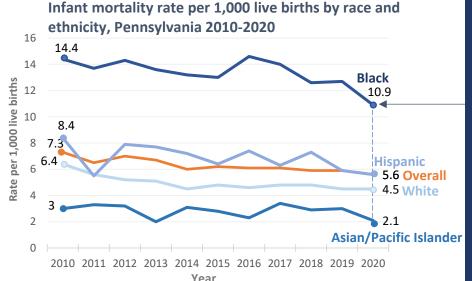
Newborn affected by maternal & complications of &



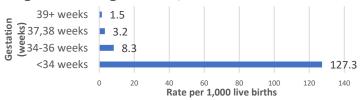
Percentage preterm birth by maternal race/ethnicity, 2020



While the infant mortality rate has improved in Pennsylvania over the last decade, this improvement is not equally distributed. Black infants are two to five times more likely to die before their first birthday than infants of other races or ethnicity. This racial disparity has persisted for decades.



Infant mortality rate per 1,000 live births by gestational age at birth, 2017-2019



Data Sources: Pennsylvania Death and Birth Certificate Datasets

While the national infant mortality rate has declined over time, the rate of decline has been slower among the black population and the black-white gap in infant mortality has in fact widened. Prematurity and preterm-related causes have been identified as the largest contributor to the persistent disparity in infant mortality between Black and white infants.^{2,3} Preterm birth rates are consistently higher among the Black birthing population as compared to the white birthing population.⁴ Preterm birth is often the result of many interacting factors such as maternal medical history, characteristics of the pregnancy, and social and economic disadvantage.5 Exposure to interpersonal and structural racism as well as associated chronic stress have also been identified as risk factors for preterm birth. As the Pennsylvania Title V program works to prevent infant mortality and transform systems of inequity it will continue to assess root causes and consider strategies that will contribute to meaningful change among the populations that are most impacted.

¹Singh, G. K., & Stella, M. Y. (2019). Infant mortality in the United States, 1915-2017: large social inequalities have persisted for over a century. International Journal of Maternal and Child Health and AIDS, 8(1), 19.

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"Schempf, A. H., Branum, A. M., Lukacs, S. L., & Schoendorf, K. C. (2007). The contribution of preterm birth to the black—white infant mortality gap, 1990 and 2000. American journal of public health, 97(7), 1255-1260.

"Womack, L. S., Rossen, L. M., & Hiral, A. H. (2020). Urban—rural infant mortality disparities by race and ethnicity and cause

³Womack, L. S., Rossen, L. M., & Hirai, A. H. (2020). Urban–rural infant mortality disparities by race and ethnicity and cause of death. American journal of preventive medicine, 58(2), 254-260.

"Mathews, T. J., MacDorman, M. F., & Thoma, M. E. (2015). Infant mortality statistics from the 2013 period linked birth/infant death data set.

⁵American College of Obstetricians and Gynecologists. (2021). Prediction and prevention of spontaneous preterm birth: ACOG Practice Bulletin, Number 234. Obstetrics and gynecology, 138(2), e65-e90.