



April 2011



Infant Mortality in Kansas

Overview of the Problem

Each year, approximately 300 Kansas babies die before their first birthday. This represents an infant mortality rate of more than 7 deaths for every 1,000 live births.

Thirty years ago, Kansas' infant mortality rate compared favorably to other states. In recent years, Kansas' infant mortality rate has stagnated while the US rate has continued to decline. Furthermore, while many states have made progress closing the mortality gap between black and white infants, Kansas has not.

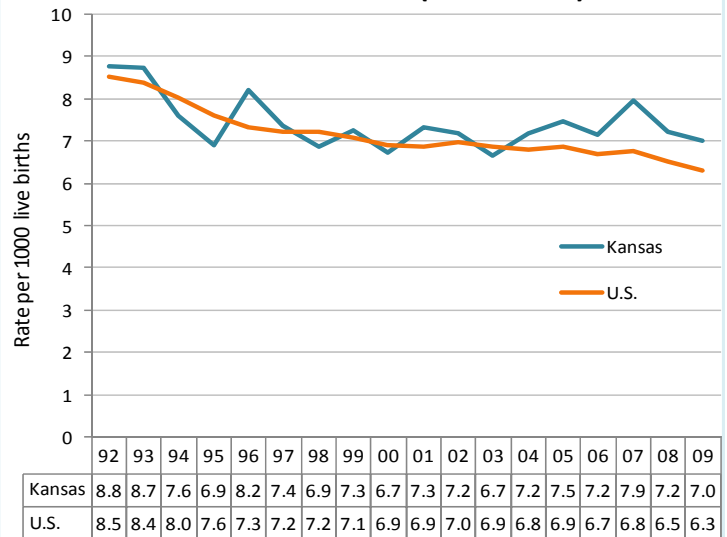
In the latest national report, Kansas ranked 40th among all the states for overall infant mortality and ranked *worst* in the nation for black infant mortality (National Center for Vital Statistics, 2007 Final Data).

According to the latest state-level data, Kansas' rate was 7.0 in 2009.

Encouragingly, Kansas white and Hispanic infant mortality rates declined slightly from 2000 to 2009. On the other hand, the black infant mortality rate increased by 32% during this same time period and is consistently more than double the white rate.

Locally, highest rates are observed in Wyandotte, Geary, Sedgwick, and Shawnee Counties, particularly within high-risk zip codes, as well as Southeast Kansas.

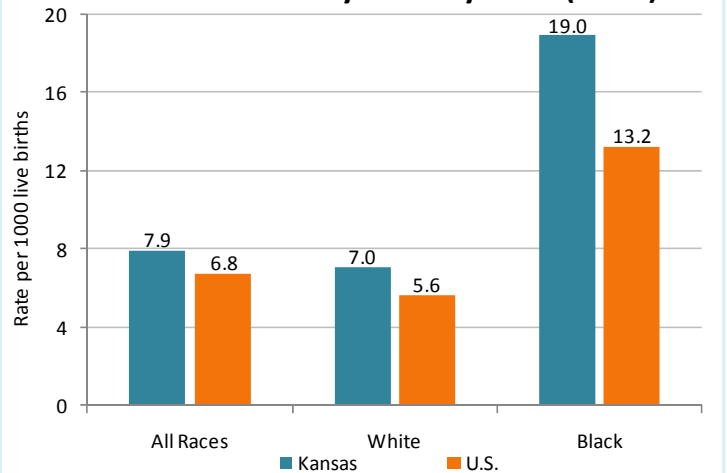
**Infant Mortality Trends
Kansas and U.S. (1992-2009)**



U.S. 2008, 2009 Provisional data

Source: Bureau of Epidemiology and Public Health Informatics, KDHE

Infant Mortality Rate by Race (2007)

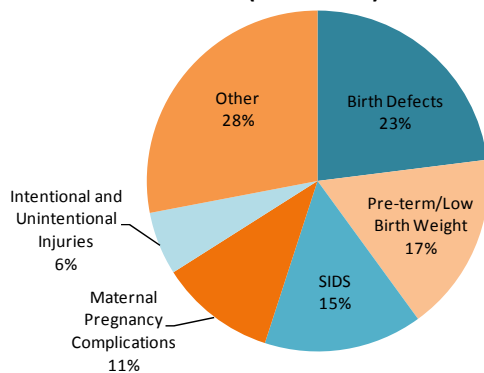


Source: National Vital Statistics Report: Volume 58, Number 19

Leading Causes of Infant Mortality

The leading causes of infant deaths in Kansas are birth defects (23%), preterm and low weight births (17%), SIDS (15%), and maternal complications of pregnancy (11%).

**Causes of Infant Death in Kansas
(2005-2009)**



Source: Bureau of Epidemiology and Public Health Informatics, KDHE

What Can Make a Difference?

Infant mortality is a complex issue with many contributing factors. Factors that can decrease the risk for infant mortality include

- Preconception education
- Increased maternal folic acid use
- Early (1st trimester) and adequate prenatal care and education
- No alcohol, tobacco, or illegal drug use
- Decreased teen pregnancies
- Increased care and support for high-risk pregnancies and deliveries
- Optimal birth spacing
- Improved care and education between births
- Appropriate prenatal weight gain and nutrition
- Elimination of elective deliveries before 39 weeks
- Safe sleep position and safe sleep environments for infant
- Adequately immunized mothers and infants
- Increased breastfeeding
- Social supports to improve mental health and reduce chronic stress
- Interventions to stop family and domestic violence, child abuse and neglect
- Decreased poverty
- Elimination of harmful environmental exposures, including tobacco smoke

What Are We Doing?

In 2009, the Kansas Blue Ribbon Panel on Infant Mortality was formed to review the problem in Kansas and identify potential solutions and recommendations. The Panel consists of 22 representatives from state, local, and private organizations who have a broad range of expertise in maternal child health. In February 2010, the Panel released interim recommendations to address infant mortality in four broad categories:

- Improved Data and Surveillance and Expanded Research
- Increased Public Awareness and Education
- Increased Access to Care and Services
- Implementation of Programs and Interventions

In April 2010, Panel-supported legislation was approved that will pave the way for improved data collection on birth outcomes in Kansas, including infant mortality risk factors.

In February 2011, the Panel outlined infant mortality barriers, resources, risk factors, and recommended interventions in an actionable framework. Some of the Panel's current and planned initiatives include

- Conduct multi-year statewide infant mortality public awareness campaign
- Establish and maintain evidence-based community programs, including Fetal and Infant Mortality Review (FIMR) programs and home visitation for high-risk families
- Support partner efforts already underway, such as March of Dimes Prematurity Coalition and SIDS Network of Kansas Safe Sleep activities
- Create neonatal-perinatal quality improvement collaborative
- Enhance surveillance systems to assess and report infant mortality and disparities

For More Information

More information about infant mortality in Kansas and the Blue Ribbon Panel can be found at:

www.kansasinfantmortality.org