

Prevention and Health Promotion

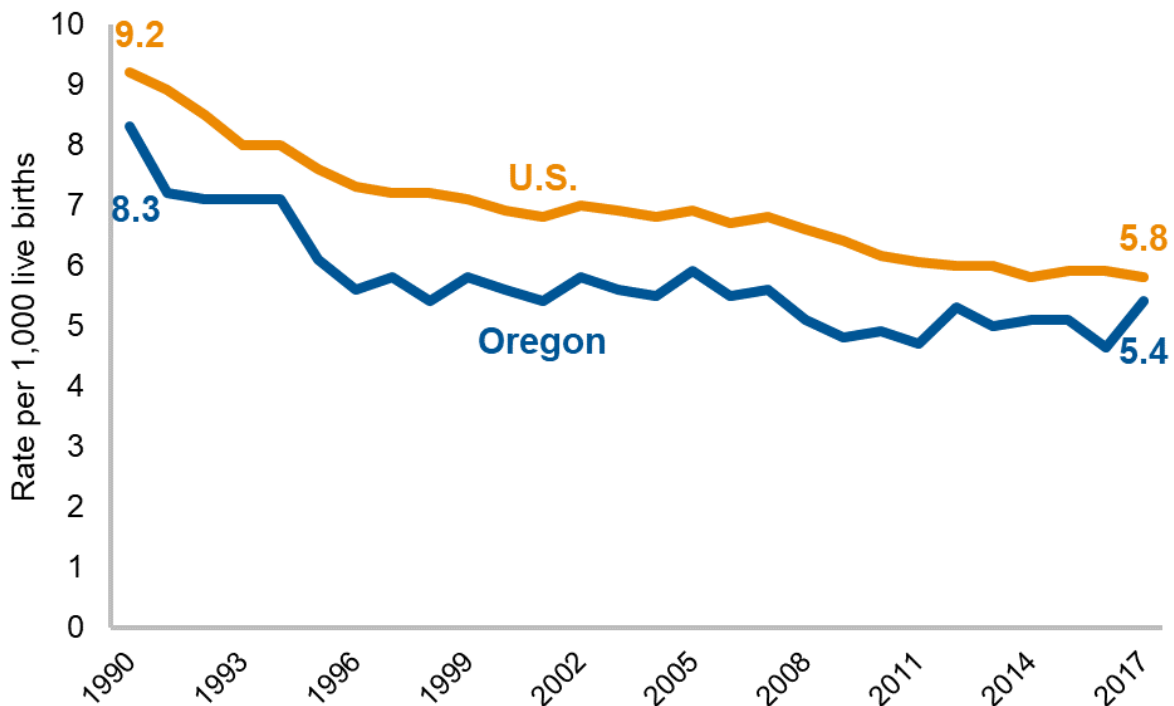
Infant mortality

Infant mortality (the death of an infant during its first year) has declined over the past 60 years in the U.S. This decline is largely due to medical advances and hospital care of premature infants. Nationally, the leading causes of infant death are birth defects, prematurity/low birth weight, maternal complications of pregnancy, sudden unexplained infant death syndrome (SUIDS), and injuries.

In Oregon in 2017, 5.4 infants died per 1,000 live births among Oregon residents, down from 1990 when 8.3 infants died per 1,000 live births (Figure 1).

FIGURE 1

Infant death by year, Oregon and U.S.



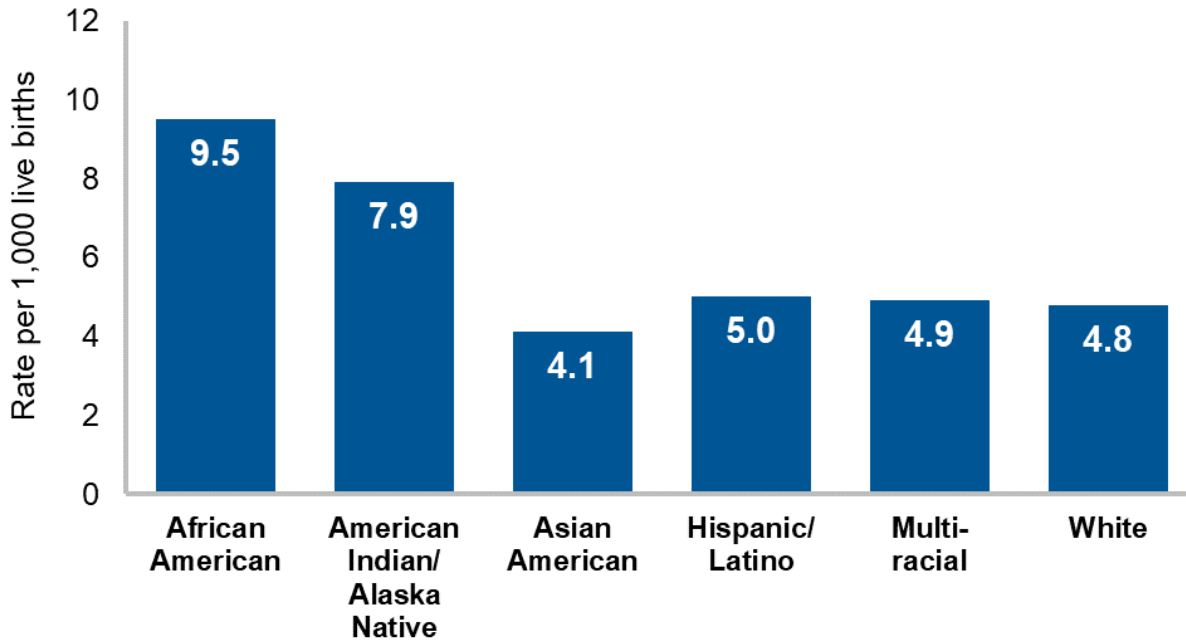
Source: Oregon Linked Birth/Death Certificate Data & NCHS (U.S.)

Oregon’s infant death rate has been lower than the U.S. rate for more than 25 years, but racial and ethnic disparities persist. On average from 2013 to 2017, the infant death rate was highest among African Americans (9.5 per 1,000 live births) and

American Indian/Alaskan Natives (7.9 per 1,000 live births; Figure 2). Studies have found that, although interventions to reduce some causes of infant death, such as SUIDS, have been successful in these populations, other complex factors are involved, such as access to care and cultural competency of care, as well as neighborhood-level factors such as crime, segregation, built environment, and institutional racism.

FIGURE 2

Infant death by race/ethnicity, Oregon, 2013–2017



Notes: All other groups exclude Hispanic ethnicity
 Source: Oregon Linked Birth/Death Certificate Data

Oregon’s Public Health Division works with the National Institute for Children’s Health’s Collaborative Improvement and Innovation Network to Reduce Infant Mortality (IM CoIIN) to focus on strategies to reduce infant deaths. These include the strategic areas of safe sleep practices, smoking cessation in mothers, preconception and interconception care for women, prevention of preterm births, increasing the use of higher-level health facilities for deliveries in high-risk pregnancies, and improvement in social determinants of health and equity to impact pregnancy outcomes.

Additional Resources: [Oregon MCH Data Book](#)

About the Data: Oregon data is from the Oregon Linked Birth & Death Certificate Data (from the Center for Health Statistics of the Oregon Health Authority) and U.S. data is from the National Center for Health Statistics. Data include infants born alive who die within the first year of life.

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Date Updated: August 26, 2019

[Oregon State Health Profile](#)

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