NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Mary T. Bassett, MD, MPH
Commissioner

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(347) 396-4177

INFANT MORTALITY RATE IN NEW YORK CITY REACHES HISTORIC LOW

Rate of 4.6 deaths per 1,000 live births in 2013 is the lowest in New York City history, and nearly 30 percent lower than the U.S. rate

Despite these declines, New York City continues to experience deep racial/ethnic disparities in infant mortality

January 30, 2015 – New York City's infant mortality rate (IMR) fell to an all-time low in 2013, the Health Department reported today in its annual review of infant death statistics. The infant mortality rate reflects death in infants before reaching their first birthday. The 2013 infant mortality rate – 4.6 deaths per 1,000 live births – represents a 24.6 percent decline from 6.1 in 2004, and a modest decline from 4.7 in 2012. In 2012, the most recent data available, the national infant mortality rate was 6.0 per 1,000 live births. New York City's infant mortality rate in 2013 was 27.7 percent lower than the 2012 national rate.

Despite the historic low, the pace of the decline has slowed in recent years, and disparities persist. The IMR for Black infants was 8.3 in 2013, versus a rate of 3.0 among White infants. Infant mortality rates were also higher for Puerto Ricans (4.8) and other Hispanics/Latinas (4.3). Infant mortality rates were 1.9 times greater in areas with very high poverty, at 5.2 infant deaths per 1,000 live births, compared to areas with low poverty at 2.8 infant deaths per 1,000 live births.

"In many ways, the infant mortality rate is a measure of social progress. Year after year, we are seeing infant mortality rates drop in New York City. This is always good news, but the improvements in infant mortality are not shared equally. Infants born to mothers who are poor continue to have a higher risk of death in the first year of life, and often these mothers are Black or Latina," said New York City Health Commissioner Dr. Mary Bassett. "The stubborn persistence of these gaps points to the need to broaden our focus to address social conditions, as well as access to high quality medical care. We created the Center for Health Equity for precisely this purpose, and we have been working with partners throughout New York City to better serve the health needs of populations that face the most significant social, economic and health challenges."

"The latest numbers on infant mortality show us that we need to have stronger efforts to ensure that all communities in NYC have optimal opportunities to have and to raise healthy and safe babies," said Dr. Aletha Maybank, Associate Commissioner and Director of the Center for Health Equity. "Knowing which communities are more likely to experience their babies dying allows us to focus our efforts. However, it also provides the impetus for us as the Health

Department to engage our communities experiencing this burden to help us think through, create, and implement relevant and effective solutions to decrease this inequity.

The City has seen declines in infant mortality among all racial and ethnic groups. From 2004 to 2013, the infant mortality rate declined 36 percent among Puerto Ricans, 28.4 percent among Blacks, 24.4 percent among Asian and Pacific Islanders, 14.3 percent among Whites, and 4.4 percent among other Hispanics/Latinos. Despite these declines, and a lower overall IMR in NYC compared to the US, the magnitude of the disparity between Blacks and Whites is greater in NYC, at 2.8 times, compared to 2.2 times greater based on 2010 data for the US as a whole (the most recent year for which this comparison is available).

In NYC, rates have also decreased by neighborhood poverty. During the same period, infant mortality rates decreased by 42.9 percent in low poverty areas (defined as less than 10 percent of the population living below the federal poverty level), 32.3 percent in high poverty areas (20 to <30 percent below the FPL), 26.8 percent in areas of very high poverty (>= 30 percent below the FPL), and 16.3 percent in areas of medium poverty (10 to <20 percent below the FPL)."

IMR disparities arise from inequities involving, singly and in combination, adverse working and living conditions, inadequate health care, socioeconomic position (e.g., occupation, income, wealth, poverty, debt and education) and racial discrimination. For women, the health conditions that exist during pregnancy are influenced by a woman's experiences throughout her lifetime. Factors in a woman's physical and social environment like employment, social support networks, neighborhood safety, and discrimination can have a negative impact on pregnancy outcomes.

The three leading causes of infant death in New York City were prematurity (20.9 percent), followed by birth defects (20.3 percent), and cardiovascular disease deaths originating in the perinatal period (11.3 percent) in 2013. In NYC, Black women are disproportionally more likely to have preterm (12.7 percent) and low birth weight (12.6 percent) infants than other racial/ethnic groups. External causes, which include injuries, homicides and deaths of undetermined cause also accounted for a substantial number of infant deaths (9.6 percent). In addition, sleeping in the same bed as your infant and other sleep-related risks continue to be a cause of infant mortality.

Through initiatives in the Bureau of Maternal Infant and Reproductive Health, the Center for Health Equity's District Public Health Offices, and in partnership with other agencies, health providers and community organizations, the Health Department works to provide women with information and resources they need to stay healthy before, during, and after pregnancy, as well as provide the support their babies need. The agency's key initiatives include breastfeeding and safe-sleep education, providing cribs for families that cannot afford them, home-visiting during pregnancy and early childhood, and promoting women's health including increasing access to contraception to help women plan their pregnancies. A number of these programs are free for individuals and families who qualify. To learn more, call 311 or visit www.nyc.gov and search for "infant care."

Some examples of our programs include:

- The Nurse-Family Partnership (NFP) is an evidence-based, nurse home-visiting program at seven locations throughout New York City. The programs nurses work with low-income, first-time mothers, their infants, and their families to improve maternal and child health outcomes, build secure relationships between parents and children, and support family economic self-sufficiency. At present, NFP serves approximately 1,800 families citywide, and has served more than 11,000 women since program inception.

- The Newborn Home Visiting Program offers home visits to families with new babies to provide breastfeeding support in targeted communities in Brooklyn, Bronx and Manhattan. In addition to providing breastfeeding support, Health Department workers help address household hazards such as missing window guards, and promote safe sleep and infant safety. The program served approximately 2,000 families in 2013 and over 35,000 families since the program began.

- The Safe Sleep Initiative works with families, home visiting programs, and community agencies to prevent unintentional injury deaths due to suffocation. Health educators provide safe sleep education and training to families and distribute cribs to those in need. Since the program began in 2007, the program has served over 30,000 families and distributed 4,600 cribs.

- The Breastfeeding Initiative works with hospitals and communities to increase breastfeeding initiation and duration because breastfeeding has been shown to have many health benefits for mothers and infants. These benefits include reducing the risk ear infections, diarrhea and pneumonia in infants and reducing the risk of breast and ovarian cancer in mothers. The Breastfeeding Hospital Collaborative provides evidence based technical support to 18 maternity facilities to support breastfeeding mothers and achieve Baby-Friendly Designation.

- The Brooklyn Breastfeeding Empowerment Zone is a place-based initiative to address racial and ethnic disparities in breastfeeding in the communities of Bedford Stuyvesant and Brownsville. Empowerment Zone strategies include increasing awareness of the benefits of breastfeeding, involving male partners/family members in supporting breastfeeding, mobilizing the community to support breastfeeding, and providing economic opportunities by training local residents to become Certified Lactation Counselors and Doulas (trained childbirth assistants).

- Healthy Start Brooklyn (HSB) provides pregnant women and their families with childbirth education, prenatal exercise classes, doula support during labor and delivery, infant safety classes, and home visiting. The program targets the neighborhoods of central and eastern Brooklyn and serves roughly 850 women a year. HSB is also supporting a new City Council initiative that will provide doula support for at-risk women across New York City.

- The Infant Mortality Reduction Initiative (IMRI), funded by the City Council, works with community-based organizations in the most affected neighborhoods, supporting workshops, outreach, referral services, case management, peer education and other activities important to the prevention of infant death.

- A comprehensive approach to reducing unintended pregnancy in NYC, to assure that all women and men of reproductive age are able to make informed choices about their reproductive health based on accurate information and easy access to the full range of contraceptive options, including immediately following childbirth.

Improving pregnancy outcomes requires attention to a woman's well-being throughout her lifetime, not just during pregnancy. Efforts by the Health Department and their partners to address obesity, diabetes and cardiovascular disease, as well as to promote health equity so that all New Yorkers have the opportunity to attain their full health potential will result in further declines in the IMR over time, as well as reductions in racial and ethnic disparities in infant mortality.

For more information, please visit: http://www.nyc.gov/html/doh/html/data/vs-summary.shtml

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MEDIA CONTACT: (347) 396-4177
Veronica Lewin/Levi Fishman: PressOffice@health.nyc.gov