

MAINE CENTER FOR DISEASE CONTROL AND PREVENTION

INFANT MORTALITY, 2022

A summary of deaths occurring before I year of age in Maine

INFANT MORTALITY RATE

In 2022, the infant mortality rate in Maine was **6.5** resident deaths per 1,000 live resident births (n=79).



CAUSE OF DEATH

The four most common causes of infant death were:

Preterm-related (n=26) 2.2 deaths per 1,000 live births	
SIDS/SUID (n=17) 1.4 deaths per 1,000 live births	•••••
Other perinatal causes (n=16) 1.3 deaths per 1,000 live births	•••••
Congenital anomalies (n=15) 1.2 deaths per 1,000 live births	•••••

AGE AT DEATH

More than **half** died during the **early neonatal period** (within 7 days of birth).

Early neonatal (<7 days)

Late neonatal (7-27 days)

_____(/ _/ _/ _/ _/

Postneonatal (28+ days)





BIRTHWEIGHT

The majority of infant deaths occurred to very low birthweight infants.

Very low birthweight (<1500 g. or <3.3 lbs.) Low birthweight (1500-2499 g. or 3.3-5.4 lbs.) Normal birthweight (≥2500 g. or ≥5.5 lbs.)



GESTATIONAL AGE

Half of infant deaths occurred to very preterm (<32 weeks gestation) infants.



DISPARITIES IN INFANT MORTALITY, 2018-2022

Demographic, socioeconomic, and maternal health characteristics of infant deaths occurring between 2018-2022 (n=343) in Maine



RACE

American Indian and Alaska Native and Black birthing people experienced a higher infant mortality rate than white and Asian birthing people (2018-2022).*





AGE

Infants born to birthing people under age 25 experienced a higher mortality rate than infants born to birthing people ages 25-34 and ages 35+ (2018-2022).*





EDUCATION

Infants born to birthing people with a **high school diploma/GED or less** experienced a higher mortality rate than infants born to birthing people with **at least some college education** (2018-2022).[†]

Infant mortality rates were also higher for birthing people who:



RECEIVED INADEQUATE PRENATAL CARE †



USED MAINECARE/MEDICAID FOR INSURANCE AT THE TIME OF DELIVERY[†]



SMOKED CIGARETTES AT ALL DURING PREGNANCY[†]

*Infant mortality rates were higher for birthing people of American Indian and Alaska Native and Black race and under age 25. These differences were not statistically significant due to sample size leading to unstable estimates, but the patterns mirror national inequities in infant mortality. Statistical significance was determined by comparing 95% confidence intervals.

**Rates are calculated with fewer than 20 in the numerator. Interpret with caution.

† Infant mortality rates were significantly higher for birthing people with a high school diploma or less, who received inadequate prenatal care, who were insured by MaineCare, and who smoked cigarettes during pregnancy.

Data source: Linked birth / infant death records, Maine CDC Data, Research, and Vital Statistics (DRVS)

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WHAT ARE WE DOING ABOUT INFANT MORTALITY?

The Maine Maternal, Fetal, and Infant Mortality Review (MFIMR) Panel is charged to:

- identify factors that contribute to maternal, fetal, and infant mortality
- identify the strengths and weaknesses of the current maternal/infant health care delivery system
- make recommendations to decrease the rate of maternal, fetal, and infant mortality.

For more information, visit:

https://www.maine.gov/dhhs/mecdc/populationhealth/mch/perinatal/maternal-infant/