



## REPORT CARD ON INFANT MORTALITY

SUNY DOWNSTATE MEDICAL CENTER

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Summary of Vital Statistics,  
1986-1998, The City of  
New York, New York City  
Department of Health

## CORRECTION

*Page 8* : The percentage of low-birth-weight babies has declined since 1986 in 5 of Brooklyn's 10 health districts.

*Special thanks to Dr. Pascal Imperato, MD, MPH, Distinguished Service Professor and Chairman of the Department of Preventive Medicine and Community Health, for his advice and comments on this publication.*

## LETTER FROM THE PRESIDENT

**Infant mortality has decreased dramatically. At the turn of the century, 1 in 7 babies died in New York City before turning one year old. By 1968, the number had dropped to 1 in 50. And today it stands at 1 in 150.**

Fellow residents and friends of Brooklyn:

Infant mortality has decreased dramatically. At the turn of the century, 1 in 7 babies died in New York City before turning one year old. By 1968, the number had dropped to 1 in 50. And today it stands at 1 in 150.

More can be done, however, particularly here in Brooklyn, where infant mortality rates have improved but still lag behind the city and the country overall. In some of the borough's neighborhoods, the infant mortality rate is more than double the city-wide average. In others, the rate has shown little improvement in years.

Why? There is no simple formula to address the problem of infant mortality. To be effective, policies and programs must address the cultural, economic, racial, physiological, and behavioral factors that affect infant mortality. Most important, infant mortality is a community concern that can only be addressed when community leaders work together.

That said, we do know that one of the keys to addressing infant mortality is early and continuous prenatal care. Virtually all the problems that contribute to infant mortality — chronic illnesses like diabetes, asthma, anemia, and hypertension; smoking and other substance abuse; and prematurity — can be evaluated and treated if a mother receives her care early and regularly.

The federal government set a goal through its Healthy People 2000 Program for 90 percent of all pregnant women to begin receiving prenatal care within their first trimester and continuously after that. Even though the number of mothers receiving such care has risen steadily, that national goal has not been reached. Here in Brooklyn the situation is even worse, with many women not receiving prenatal care at all.

The goal of this report is to highlight our successes and our needs as a borough in addressing infant mortality. Much of the information is presented by health district, so that we can focus on those Brooklyn neighborhoods most at risk. And wherever possible, we have attempted to examine trends over a number of years; a single year's data can confuse, rather than clarify, what is really happening in a neighborhood.

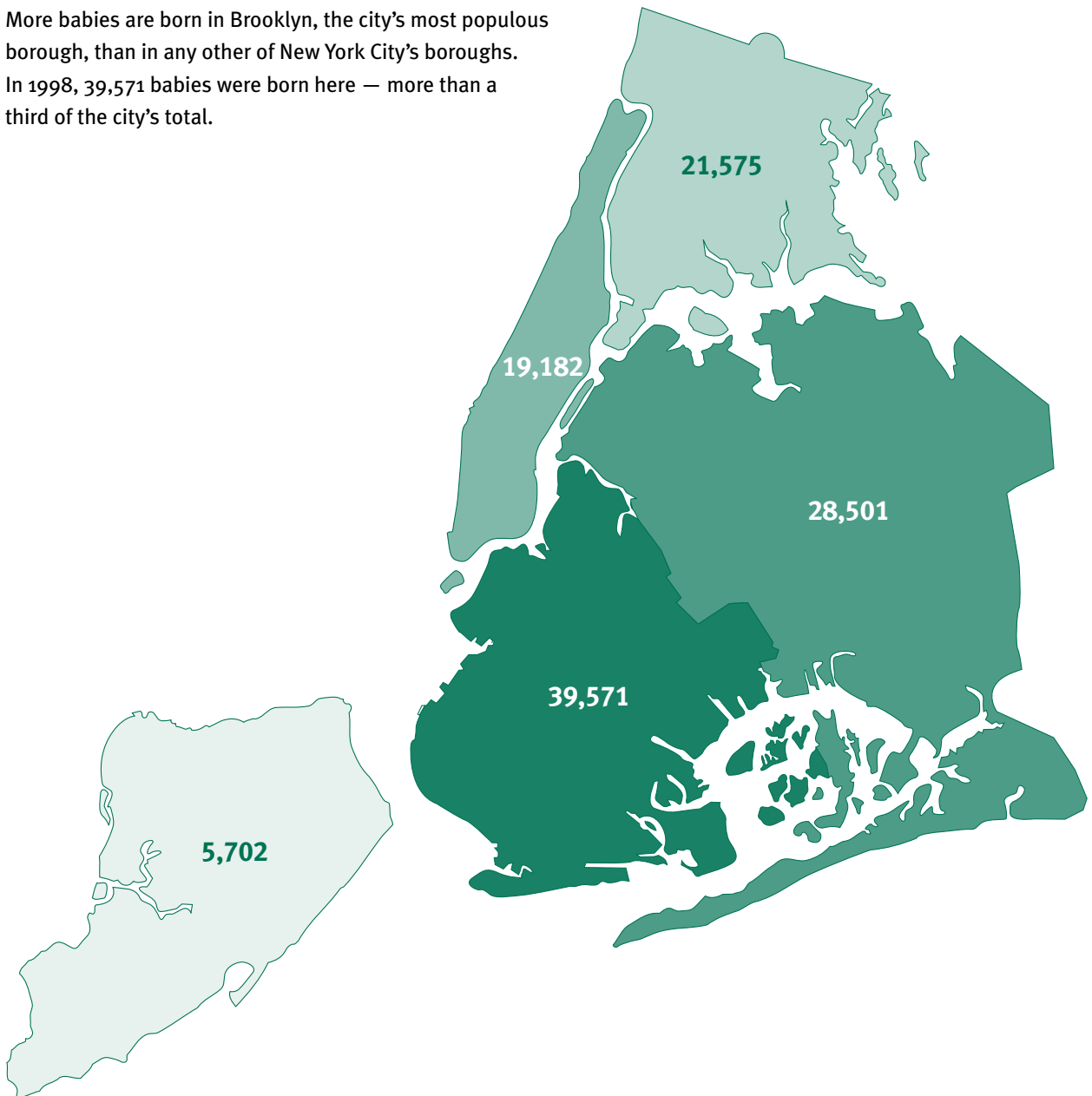
When evaluating the health of a community, perhaps no measure is more important than infant mortality, because it symbolizes our commitment to our children, our families, and our common future.

John C. LaRosa, M.D.  
President

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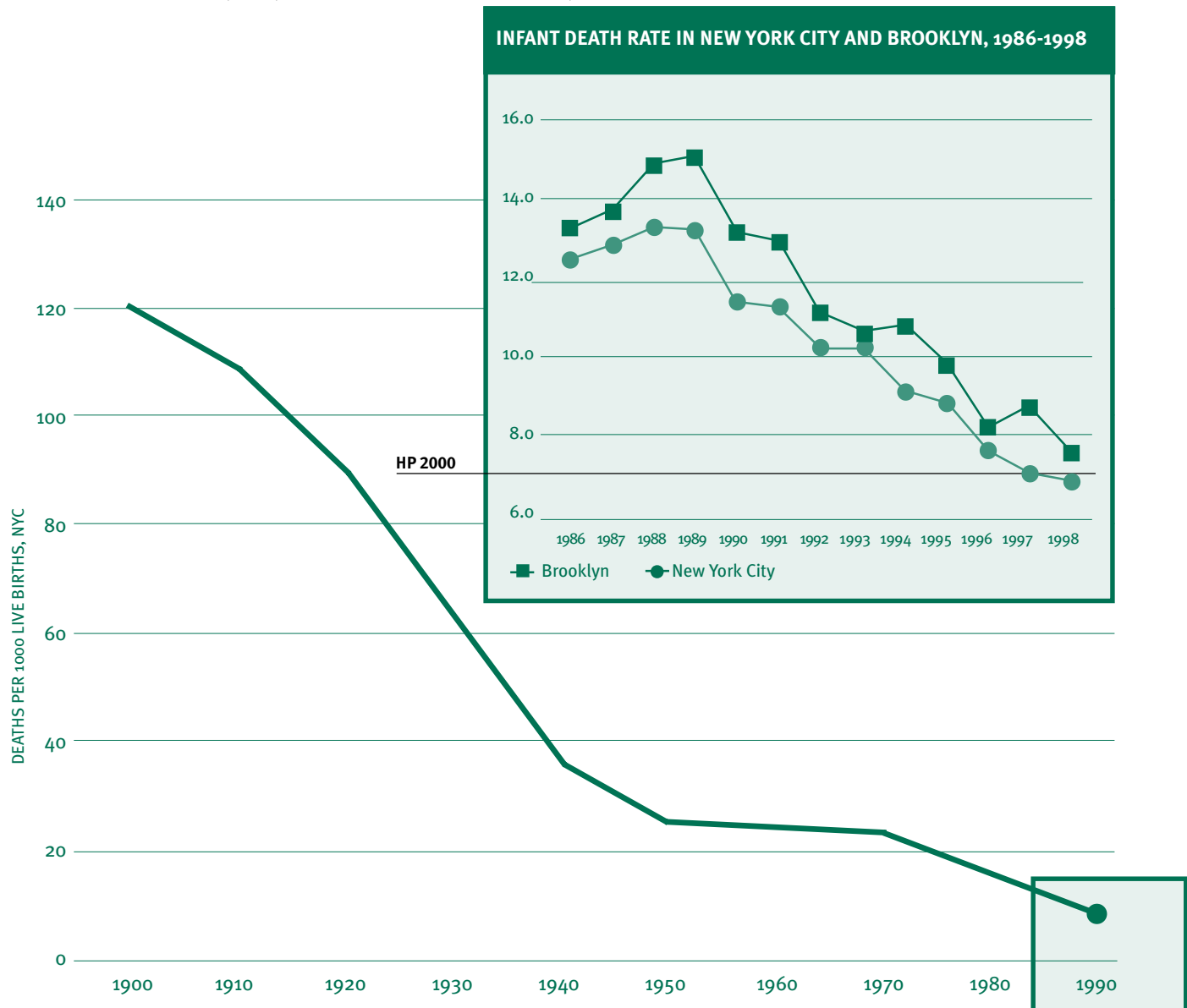
## LIVE BIRTHS BY BOROUGH, 1998

More babies are born in Brooklyn, the city's most populous borough, than in any other of New York City's boroughs. In 1998, 39,571 babies were born here — more than a third of the city's total.



## INFANT DEATH RATES IN NEW YORK CITY SINCE 1900

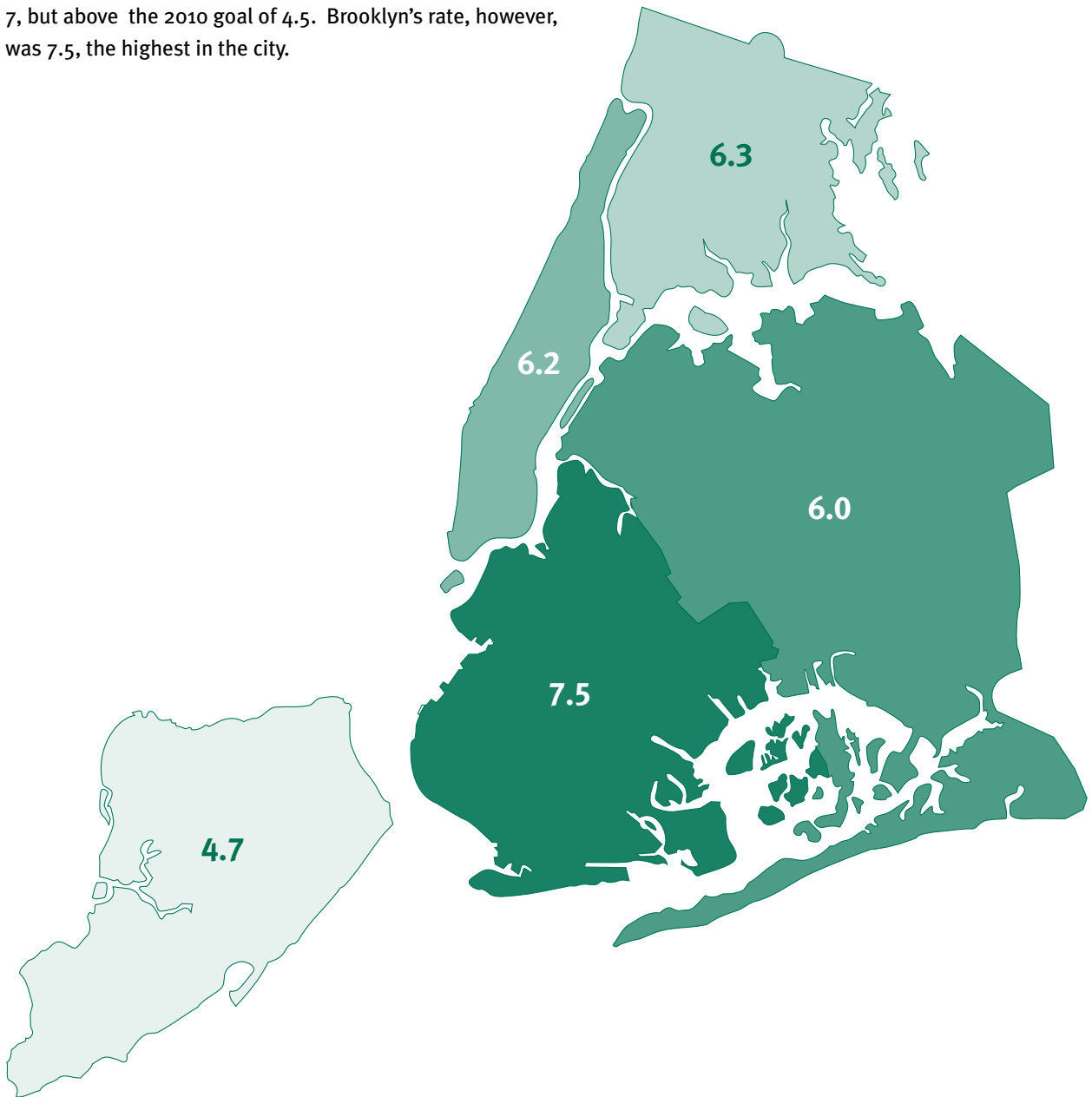
Since 1900, the infant death rate (babies who die within the first year) has dropped dramatically in New York City, including in Brooklyn. Brooklyn's rate, however, is higher than the city's, as well as the target set by the federal government's Healthy People 2000 Program and its recently announced 2010 Program.



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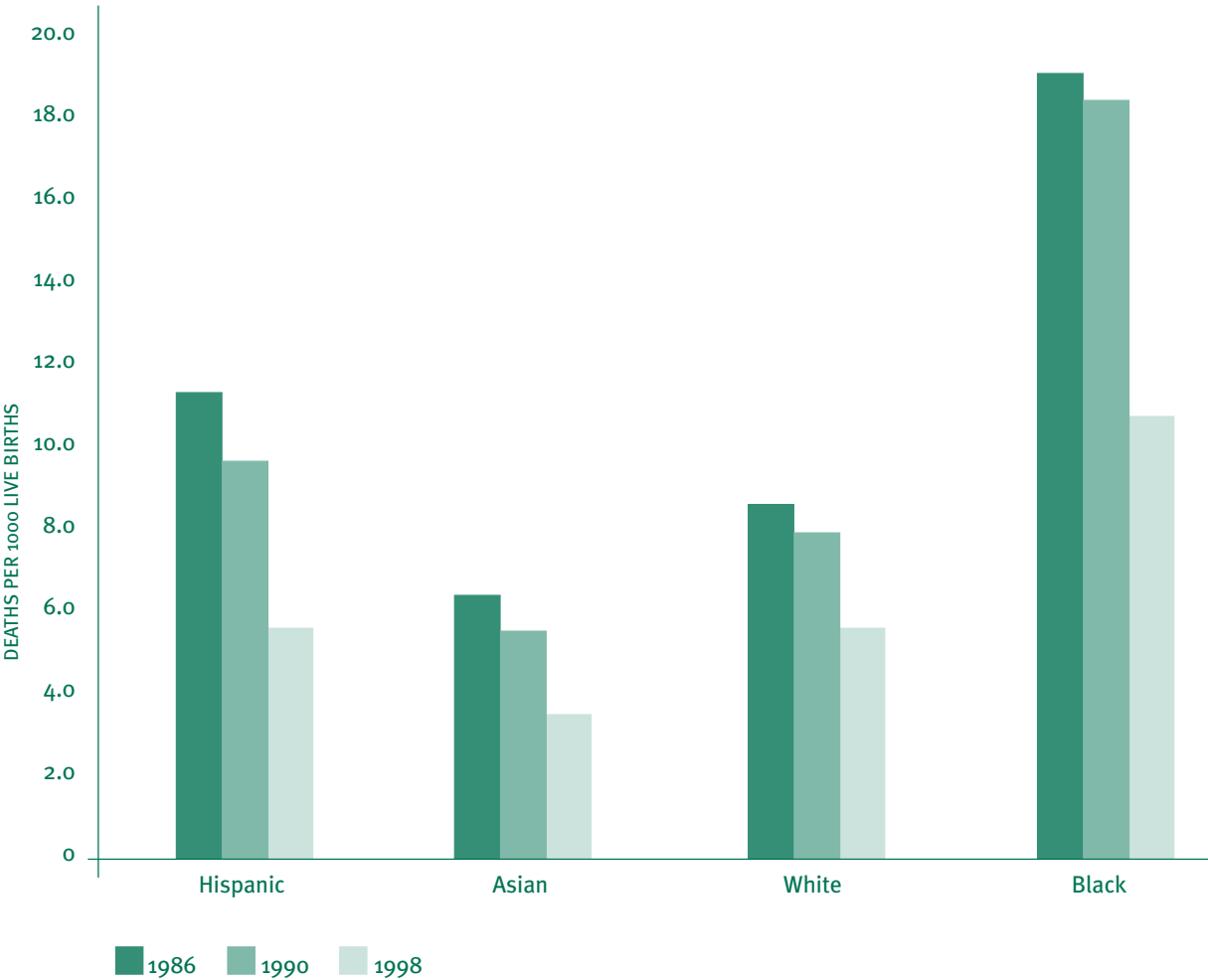
## INFANT DEATH RATE IN THE FIVE BOROUGHS, 1998

In 1998, New York City's infant death rate was 6.8 per 1000 live births—better than the Healthy People 2000 goal of 7, but above the 2010 goal of 4.5. Brooklyn's rate, however, was 7.5, the highest in the city.



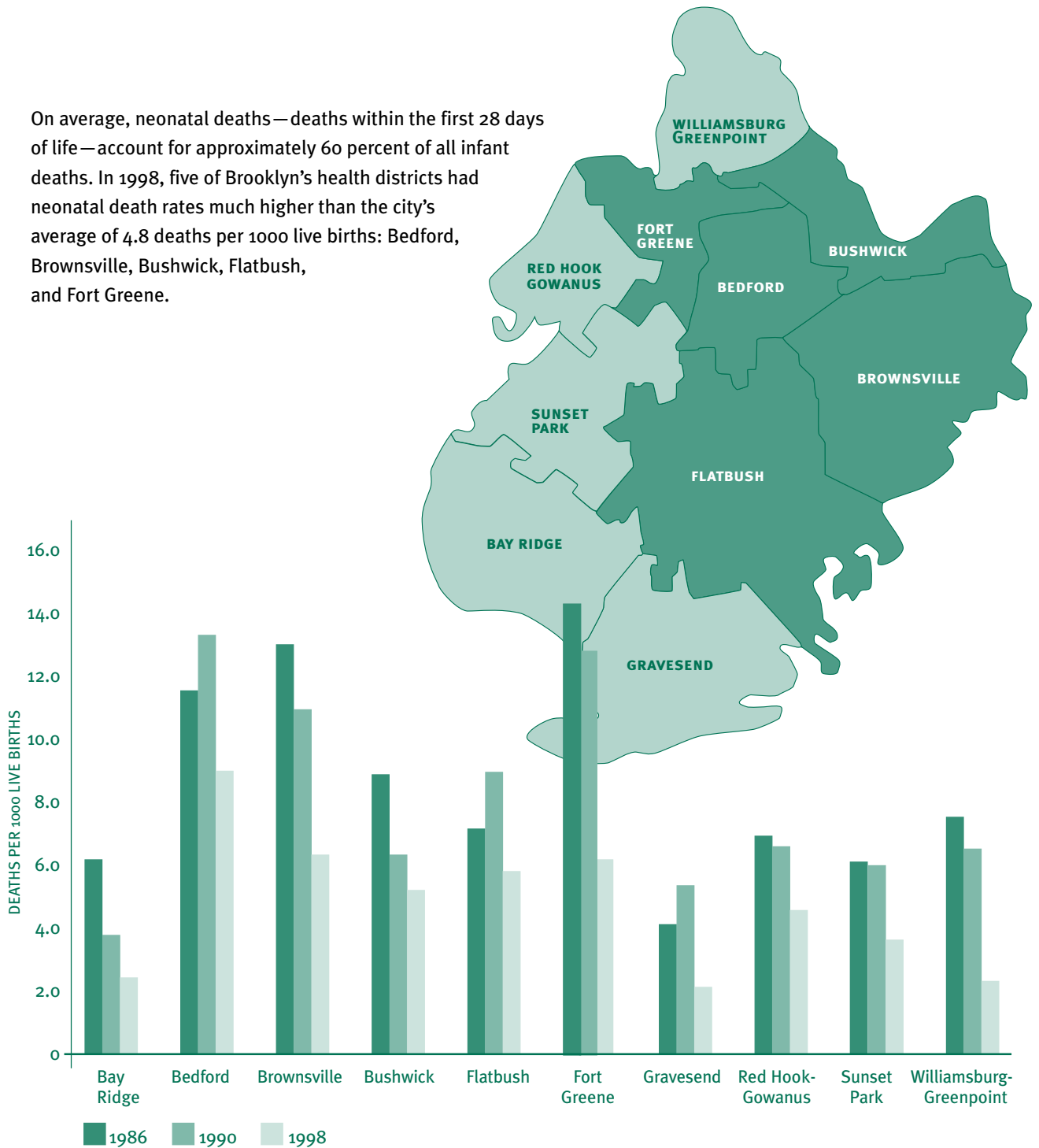
INFANT DEATH RATE BY ETHNICITY IN NEW YORK CITY, 1986 TO 1998

Blacks living in New York City have higher infant death rates than whites, Asians, and Hispanics. Asians have the lowest rate. If the city’s infant death rate in 1998 had matched the Healthy People 2010 goal of 4.5 deaths per 1000 live births, 286 infant deaths would have been avoided.



## NEONATAL DEATH RATE FOR BROOKLYN HEALTH CENTER DISTRICTS

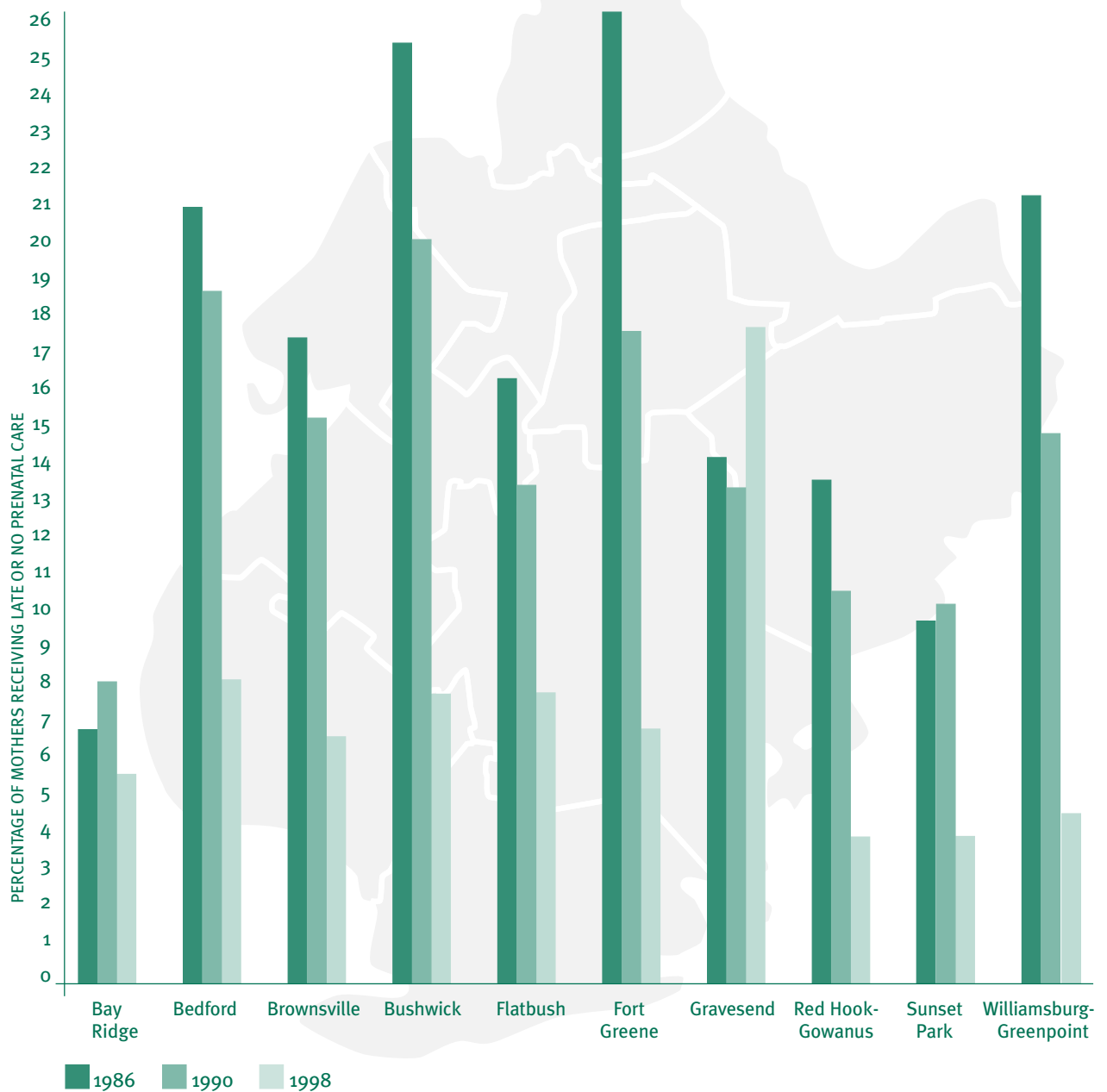
On average, neonatal deaths—deaths within the first 28 days of life—account for approximately 60 percent of all infant deaths. In 1998, five of Brooklyn’s health districts had neonatal death rates much higher than the city’s average of 4.8 deaths per 1000 live births: Bedford, Brownsville, Bushwick, Flatbush, and Fort Greene.





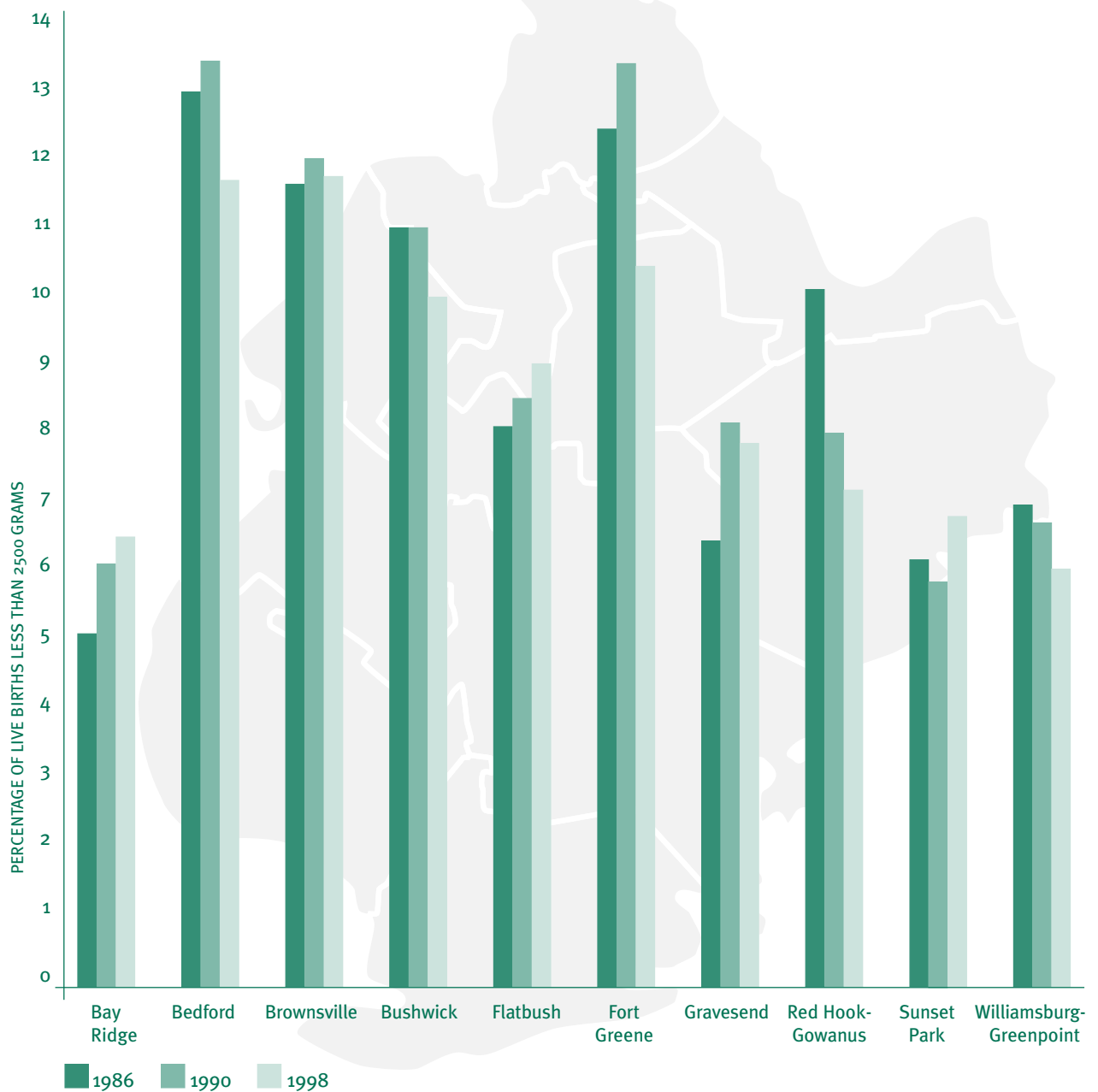
## PERCENTAGE OF MOTHERS RECEIVING LATE OR NO PRENATAL CARE BY HEALTH DISTRICT

The percentage of mothers receiving late or no prenatal care has been dropping in Brooklyn, as it has throughout New York City. However, the percentage can vary from year to year with Gravesend in 1998 reaching nearly 1 in every 5 births. Even more important is prenatal care that begins in the first trimester and is continuous.



## PERCENTAGE OF LOW-BIRTH-WEIGHT INFANTS FOR BROOKLYN HEALTH CENTER DISTRICTS

Low-birth-weight babies are at greater risk of dying, especially in the first month of life. In New York City, low-birth-weight babies constitute a small fraction of all births, but an overwhelming majority of deaths. In one recent year, for instance, low-birth-weight babies represented 9 percent of all births, but 69 percent of all infant deaths. The percentage of low-birth-weight babies has declined since 1986 in 5 of Brooklyn's 10 health districts.



## AN ACHIEVABLE GOAL: LOWER INFANT MORTALITY IN BROOKLYN

### Major Contributing Factors to Low-Birth-Weight Babies and Neonatal Deaths

#### *Social and Economic Factors*

- Poverty
- Low level of education
- Illiteracy

#### *Medical Factors*

- Diabetes
- Asthma
- Sickle-cell disease
- Hypertension
- Previous infections, including rubella
- Multiple birth pregnancies
- Short interval between pregnancies

#### *Behavioral and Environmental Factors*

- Smoking
- Poor nutrition
- Alcohol and other substance abuse
- Pollution
- Lack of early and continuous prenatal care

Although infant mortality has declined in Brooklyn, it remains well above the city average and the goals set by the federal government through its Healthy People 2000 and 2010 programs. The key to saving babies' lives is early and continuous prenatal care. Mothers who receive quality prenatal care are far more likely to deliver healthy babies than those who do not. One large-scale study found that when prenatal care began during the first trimester, infant mortality was reduced by half. This reduction was consistent among different ethnic groups, despite significant differences in mortality based on ethnicity.\*

Good prenatal care is, in essence, preventive care that increases not only the chances of infant survival but also good health. In this way, it makes economic sense as well as medical sense. Prenatal care reduces the burden on the community of providing care for children with chronic illnesses, and it increases the chances that babies will grow up to be healthy and productive adults.

To be effective in a borough as diverse as Brooklyn, however, prenatal care must be sensitive to the language, cultural, economic, and social issues that can prevent a woman from seeking early and continuous prenatal care. Too often prenatal care is fragmented, with mothers receiving care in different settings.

By working with the community and its leaders, we at SUNY Downstate believe that we can help create effective prenatal programs throughout Brooklyn. We also believe that we can train public health leaders and conduct public health research on this and other critical health issues in Brooklyn.

Toward that end, we welcome your experience and advice. If you have information or suggestions to contribute, please contact John C. LaRosa, M.D., President, SUNY Downstate Medical Center, 450 Clarkson Avenue, Brooklyn, NY 11203.



\* Institute of Medicine Panel on Health Services Research. Infant Death: An Analysis by Maternal Risk and Health Care. Contrasts in Health Status, Volume 1. Washington, D.C.: National Academy of Sciences, 1973.